



# **Service Provider's Program Components FY'18**



**Exhibit B**  
Youth Opportunity Investments (Youth Opportunity)  
Center For Success And Independence at Rockdale Academy  
Boys Youthful Offender Proposal 2018  
**YOUTH OPPORTUNITY BOYS YOUTHFUL OFFENDER PROGRAM**  
**TECHNICAL PROPOSAL**

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## A. INTENET, PROGRAM OVERIEW, MANAGEMENT COMPETENCIES, AND CAPABILITIES

### **Intent and Program Overview**

The Center for Success and Independence at Rockdale Academy parented by Youth Opportunity Investments, LLC., intends and prepared to provide a safe, secure, and therapeutic environment that strongly encourages youthful offenders- specifically aged at 10-14, to make positive changes in their lives. By giving our residents constant structure and supervision as part of the Behavior Modification program, the residents learn to think before acting out. With two on-staff Licensed Psychologist and Masters level therapists, utilizing Individual and Group Therapy approaches, our intensive therapeutic program gives residents the means for addressing the issues in their lives that have led to their current situation.

The programs targeted population is early adolescent males form urban and rural settings; with diagnoses of conduct disorder, ADHD, learning disabilities, bipolar disorder, major depressive disorder, requiring sex offender treatment, and substance abuse education; children with parents committed to rehabilitation.

The programs average length of stay is approximately 6-9 months. Length of stay is determined based on the resident's participation in their treatment process. Factors that are considered include a resident's progress in therapy, education, and security. The CSI Rockdale Academy has a Behavioral Modification System (BMS)that is used as an assessment tool to show progress in treatment. When a resident is compliant in all programming aspects and progress through the BMS system he is ready to be considered for discharge. Sex offender residents are also required to pass their polygraph examination before being considered for release.

### **Program Services Overview:**

- Individual therapy at least 2 times a month for 60 minutes each session by a therapist with minimum qualifications of Master's Degree.
- Group therapy at least 12 times a month for 60 minutes each session by a therapist with minimum qualifications of Master's Degree.
- Family therapy at least once a month for 60 minutes each session by a therapist with minimum qualifications of Master's Degree.
- Psychiatric consultation with children receiving psychotropic medications at least once per month.
- Treatment plans written by professional staff with minimum qualifications of Master's Degree.
- Treatment planning addressing all wake hours



•All activities and interventions individually designed to meet treatment goals

- Treatment planning and implementation supervised by inter-disciplinary team of professionals
- Psychiatric consultation at admission, treatment reviews, discharge and monthly medication reviews
- Psychological testing as needed

### **Behavior Modification System**

The Center for Success and Independence at Rockdale Academy currently maintains a Behavior Modification System (BMS) that is a comprehensive plan of techniques and strategies specific to boys that our experience has shown to change behavior. We provide a teaching culture where staff are trained to model pro-social, respectful behavior toward the youth so they, in turn, can begin to model appropriate behavior. To shape our youth into more autonomous young men and women, we have developed our Behavior Modification System that includes, but not limited to incentives, accountability, structure, community, treatment, support systems, cultural diversity and self-development. The following pages depict a holistic system that we believe will increase the youth's sustainability for positive behavior.

### **Education**

Education services at CSI Rockdale are provided by the JHW Inspire Academy. The vision of the JHW Inspire Academy is to deliver individualized education and rehabilitative training to primarily At-Risk students. The education department provides an environment in which the students are encouraged to develop their intellectual, linguistic, social, emotional, civic and physical abilities. The ultimate goal is the transition and integration of these students into society, capable of full participation in the process of family, employment and community. In addition to the Texas mandatory course for credit, which this school shall offer, there is also common theme of character development, personal and social responsibility, vocational discovery, personal economic and financial responsibility, civic and community involvement, technology literacy, and reading improvement. Individuals are encouraged to consider their personal interest in the development of self-discipline and goal-oriented activity.

The school setting will be supported by the integration of the Action Based Learning model. **Action Based Learning™** is based on the brain research that strongly supports the link between movement, learning, and behavior modification in children. We know that healthy, active youth, make better learners. Action Based Learning provides educational training that focuses on creating an optimal learning environment for all youth, through movement. ABL strategies are teacher and staff friendly, time efficient, and most importantly - make learning and treatment more engaging for youth. Youth engaged in



Action Based Learning programming initiatives show improved memory retention, increased focus and attention, improved grades, and less behavioral issues. The model allows youth to work off or refocus nervous energy that is sometimes associated with stress or mental health diagnosis.

The ABL model approach is instead of sitting at their school desks, dorm environment, or group setting and watching a teacher or therapist talk from in front of them, such as is pretty standard in most program settings, youth who participate in action-based learning actually get to get up and move while they learn the regular parts of their curriculums. For example, children might peddle, walk, hula hoop, step in place and more, all while they are learning or engage in treatment.

### **Medical**

Medical services are consistently regulated by the on-staff medical personnel to ensure the health of the child. A full-time nursing staff ensures that medical needs to the residents are met in a timely manner. Medical and dental needs that require further attention are referred to medical, dental, and psychiatric professionals with the prior approval of TJJD (with the exception of emergencies).

### **Psychiatric Services**

Residents currently taking psychotropic medications are reviewed by a Psychiatrist and staff Therapist as well as Medical personnel to insure optimum efficacy. Residents not taking medications who have a psychiatric history or who demonstrate clinically significant symptoms while detained are assessed by the on-staff psychologist and referred to a psychiatrist for psychotropic medications if needed.

### **Youth Opportunity Investments Leadership**

Youth Opportunity Investments, LLC (further referred to as Youth Opportunity), is a privately held, for-profit, Limited Liability Company that owns and operates facilities and programming for youth and their families who are adjudicated in the juvenile justice and child welfare systems. The company was registered and organized with the Secretary of State under the laws in the State of Indiana on September 18, 2009. The corporate office is headquartered at 12775 Horseferry Road, Suite 230, Carmel, Indiana 46032.



**JIM HILL** serves as President and leads Youth Opportunity Investment, LLC's national business development initiatives. Mr. Hill is active in legislative pursuits that directly impact juvenile justice covering more than 17 years of accomplishments for families and youth exposed to juvenile justice. Prior to joining Youth Opportunity Investments, LLC, Mr. Hill's experience includes serving as President of G4S Youth Services and founder and President of Sunshine Youth





Services. Mr. Hill has served as President of the Florida Juvenile Justice Association (FJJA) for a period of seven (7) years and currently serves on the FJJA Executive Board as well as Treasurer. Mr. Hill's duties include oversight and communication of operations including but not limited to contract compliance, quality assurance and case management functions.



**BRIAN D. NEUPAVER** serves as Senior Vice President, responsible for operations, implementation and communications between corporate management and all residential facilities. Mr. Neupaver monitors systems and best practices to ensure the best care and service. Prior to joining Youth Opportunity Investments, LLC, Mr. Neupaver served as Chief Operating Officer of G4S Youth Services. Mr. Neupaver managed the successful operations for thirty-two residential facilities in four (4) states. Mr. Neupaver has over twenty (20) years of experience managing residential facilities creating outcomes for youth in need. Mr. Neupaver is active in various charitable and community endeavors.

## EXPERIENCE

Youth Opportunity's range of experience in our portfolio and managed companies began as early as 1998 with the average in-service of our facilities and campuses at 20+ years. In 2011, we began working in earnest with at-risk youth and children. We provide residential and juvenile justice programming at ten (13) locations in Tennessee, Florida, Michigan and Texas. We currently maintain 26 direct contracts from 65 placement sources and anticipate entering into an additional state partnership this year that encompasses seven (7) facilities.

We are a multi-dimensional diversified organization committed to positive youth outcomes, family engagement and strong partnerships with agencies. **In 2016, Youth Opportunity expanded in strength by acquiring two experienced leaders with more than 30 years of juvenile justice experience, Jim Hill (President) and Brian Neupaver (Senior Vice President)** for Florida and Tennessee programming. This began Youth Opportunity's presence in Florida. **Since August 1, 2016**, we have accomplished the following:

- August 1: Took assignment of the troubled Kissimmee Youth Academy 30-bed residential program contract.
- September 1: Awarded on an emergency basis the Broward Youth Academy for substance abuse programming.
- November 14: Re-engineered the Kissimmee Youth Academy to add 16 Borderline Development Disability (BDD) and Developmental Disability (DD) youth as the Kissimmee Youth Academy BDD and DD program to support the Department.

## 2017

- July 1: Took assignment of the Crestview Youth Academy contract for 54 Borderline Development Disability youth (30 secure, high-risk and 24 non-secure males).
- July 1: Awarded contract for The Center for Success and Independence of Memphis for a 48-bed male program, which focuses on the needs of boys suffering from mental health and substance abuse dependency.



- July 17: Re-engineered the Broward Youth Academy to add 12 additional beds, bringing the total substance abuse beds to 40.
  - July 17: Re-engineered the Kissimmee Youth Academy to add 16 additional Borderline Developmentally Disabled youth, bringing the total to 62 youth.
  - November 17: Acquired CSI Roane Academy in Rockwood, TN, which is a 54 bed level 3 continuum program.
  - Dec 17: Expanded into 4 additional facilities in the state of TN providing level 3 continuum and encompassing 64 total beds.
- 2018
- January 15: Acquired the former 65 bed Rockdale Regional Juvenile Justice Center and transformed it to The Center for Success and Independence at Rockdale Academy, which provides male and female Post and Pre- adjudicated program services.

#### **MANAGEMENT CAPABILITY AND OVERSIGHT OF CSI ROCKDALE ACADEMY**

- Youth Opportunity has the management oversight and capability to ensure continued program success and delivery of services as required by TJJD standards and the Texas Administrative Code. This will be accomplished through the oversight by unique individuals with years of diversified business experience and moral compass to meet the needs and contractual requirements. The **CSI Rockdale Academy** team is dedicated to the continued operations and directly involved with human resources management in the hiring of key staff, consulting professionals and daily communication of pertinent staff needed to meet the service delivery requirements. This team will continue addressing ongoing compliance and operational needs for youth development and successful outcomes. Joining Jim Hill, President, and Brian Neupaver, Senior Vice President, the management team providing oversight to the CSI Rockdale additionally includes:
- **Tyrene Green**, Vice President of Program Development: Mr. Green's duties include operational oversight for programs within the Youth Opportunity Investments service of care. He is responsible for developing newly acquired facilities and contracts into functioning YOI programs that meet contractual, regulatory, and juvenile justice standards. Mr. Green also assists with the oversight for the coordination and administration of all aspects of new and ongoing programs, including strategic planning, organizing, staffing, and leadership development.
- Mr. Green has over 21 years of juvenile services experience and has a substantial history of managing and providing oversight for various programs across a wide spectrum of youth populations, program models, and facility settings. Tyrene Green has been recognized by industry stakeholders for his work with integrating and implementing balanced strategies to provide safe and secure programs with a blend of evidence-based treatment approaches. Tyrene has extensive experience working with various state juvenile services agencies and stakeholders, as he has operated and provided oversight for programs in the states of Arizona, Arkansas, Pennsylvania Tennessee, and Texas. Prior to his career in juvenile justice he attended the University of Texas El Paso where he received a Bachelor of Arts



in Criminal Justice and holds a Master of Science degree in Justice Administration from Bellevue University.

- **Melissa McBride**, Vice President of Compliance, Fidelity and Implementation: Ms. McBride's duties include oversight of the program's compliance, fidelity and implementation of systems and services, development and oversight of facility-based policies and procedures, in addition to the development of quality assurance programs that adhere to specialty services guidelines, licensing and accreditation standards. She will manage the review and analysis of program performance, outcomes, technical assistance and solutions-based reporting and will provide support in areas of compliance, business development and program implementation.
- Ms. McBride has 24 years of experience working with youth and staff in residential treatment settings. She began her career as a youth care worker and has held various positions across disciplines which have provided a wealth of experience and in-depth knowledge of program systems, design, strategic planning and integration of services. For the last eighteen (18) years, she has served in leadership capacities, including responsibilities of corporate oversight of fidelity and compliance activities, quality improvement, policies and procedures, accreditation of ten (10) residential facilities, over 15 program openings and transitional activities in three (3) different states.
- **Dallas Scott** Director of Program Support: Mr. Scott's duties include operations management, system support and strategic direction of operations at the facility level. His role is to design and implement business strategies, plans and procedures, ensure comprehensive goals are set for overall company performance and are measurable and data driven. Mr. Scott will work with the management team to make operations more efficient and customer oriented. Mr. Scott has over fifteen (15) years of experience in the juvenile justice industry and has served in various roles including Executive Director of nine (9) juvenile justice programs. Over the last four (4) years, he has been instrumental in over six (6) program transitions, operational oversight and facility management, ensuring continuity of care, safety and staff development. Mr. Scott earned his Master's Degree in Human Services from Springfield College in Boston.

## **YOI Resources**

The Youth Opportunity organization has the resources to capitalize on investments in infrastructure, attracting experienced personnel who share the company's focus on mental health, substance abuse and education within a trauma-informed vision of care maintaining quality assurance and best practices. We are focused on strategic national reforms and applications involving innovation, delinquency interventions, and evidence-based treatment as solutions to improve outcomes. Our history with professional entities includes:

PREA Resource Center  
Annie E. Casey Foundation  
American Correctional Association

American Institute of Research  
Vera Institute of Justice  
Council of State Governments





National Center for Youth in Custody (NC4YC)

Council of Juvenile Correctional Administrators

Juvenile Detention Alternatives Initiative (JDAI)

Performance-based Standards Learning Institute (PbS Li)

Calamari Productions (<http://calamariproductions.com/>)

Commission on Accreditation of Rehabilitation Facilities (CARF)

Commission on Improving the Status of Children, State of Indiana Legislative Committee

## **DELIVERY OF SERVICES AND OBJECTIVES**

Our experience in successful outcomes has been a result of maintaining targeted objectives that complement our goals. We have the monitoring capability to notify us when we are off target and can quickly reorganize through communication, retraining and adjustments. Management oversight will ensure the delivery of the scope of services and the accomplishment of required TJJD objectives through the provision for:

- Customer and community relationships to effectively meet the youth and program needs and are in the best interest of the Department;
- Internal risk management system that is comprehensive, targeted and ensures objectives and performance are being met;
- Comprehensive system for fidelity and service delivery that provides methods for clinical leadership to monitor staff implementation of evidence-based programming and assesses the effectiveness with youth and families;
- Behavior Management system that correlates the youth's behavior management with reinforcement;
- Strong training program that is driven by certified, qualified and master trainers who have the experience to effectively instruct on evidence-based practices and quality programming;
- Ongoing multi-pronged recruitment and retention strategy for experienced and qualified staff who will be the best fit to work with the population;
- Trauma-informed care environment that recognizes the signs and symptoms of trauma; provides a safe environment; establishes trust; empowers youth to voice choices; and, understands the cultural and gender history of youth;
- Comprehensive assessments following admission to identify needs, strengths and weaknesses that will guide treatment and case management planning;
- Substance abuse and co-occurring mental health treatment by a licensed therapist or Psychologist who works under the supervision of a licensed therapist to provide individual counseling/therapy for individualized intervention and targeted objectives; group counseling/therapy to address needs such as anger management, alcohol and drug intervention, values clarification, sexual abuse; independent living; activity counseling / therapy; and, family counseling/therapy to address family dynamics and needs;
- Health care by licensed nurses under the supervision of the Designated Health Authority;
- Psychiatric care provided by a contracted psychiatrist and will assess the youth, provide crisis intervention if needed beyond the scope of the therapist and provide psychotropic management if applicable to the youth;



- Case management services provided by a case manager to ensure communication between the youth, Department, court, program and family. Further, the case management department will establish resources, support and services to the youth's family and establish post-residential continuum care with aftercare provider;
- Education services will be provided by JHW Inspire Academy to meet the individualized education needs of the youth; and,
- Positive Performance System (behavior management system) that includes fundamental gender-specific tenants to motivate, reward and strengthen positive behavior.

## **INTERNAL QUALITY AND RISK MANAGEMENT**

Youth Opportunity shall maintain a quality assurance program designed to objectively and systematically monitor and evaluate program outcomes, system fidelity, compliance and the appropriateness and quality of care ensuring that program services are consistent with prevailing professional standards and to identify and resolve problems. The quality assurance program shall ensure the use of a continuous quality improvement process.

The scope of the quality assurance program includes data collection, review and internal fidelity monitoring and verification processes that address all components of the program including but not limited to management accountability, living and treatment environment, case management, delinquency interventions, mental health and substance abuse services, safety and security and health care services. Within these respective areas, routine reviews and evaluation of youth care and services, client records, staff development, facility safety and maintenance are conducted. Fidelity monitoring, peer review and utilization reviews are also completed.

The quality assurance program, by design, is proactive and provides a framework for measurement and evaluation of outcomes, process measures and provides a management system for trending, analysis, identification and problem solving through corrective action, when indicated. The quality assurance program shall:

- Track performance measures and established standards;
- Evaluate output measures such as capacities and technology and infrastructure comprising the system of care;
- Evaluate process measures of administrative, clinical and all components of treatment;
- Evaluate outcome measures pertaining to outcome of services;
- Provide system of analyzing information and factors which influence performance;
- Provide a system of reporting results of quality assurance reviews;
- Incorporate best practice models for improving performance in deficient areas; and,
- Incorporate peer review processes into protocol.

The quality assurance program establishes benchmarks to ensure appropriate, efficient and effective service delivery consistent with contract and prevailing professional standards. Coordination and communication are central to the effectiveness of quality assurance and improvement activities. Quality assurance work plans shall include department-specific, program and corporate level responsibilities that support system-wide practices designed to maintain quality standards across the continuum of care.



## **PROCEDURES**

The quality assurance program is the responsibility of the Facility Administrator and is subject to review and approval by the Youth Opportunity Investments executive leadership team. The quality assurance program is executed in collaboration with program, regional and corporate leadership staff who are responsible for program operations, outcomes and oversight.

**A. Data Management and Communication:** Data collection, review and analysis are critical to ensuring proactive assessment, measurement and management of risk, assurance of quality and continuous quality improvement. The program uses reporting systems to track key performance data and ensures timely review and communication of system data with program and corporate leadership teams as well as the Department. Critical incidents and trends of consistent issues shall be communicated to leadership and stakeholders. Data is collected and the review includes:

- Daily Management Meeting Reports (program);
- Weekly Facility Director Reports (program / regional);
- Weekly Leadership Data Review and Reporting (corporate); and,
- TJJD identified data resources and reporting as required.

**B. Evaluation Processes and Use of Monitoring and Verification Instrument:** The Monitoring and Verification Instrument is designed as an internal monitoring and evaluation system that includes evaluation and quality control activities to address all components of the program. Monitoring activities are completed monthly and consider contractual requirements, Rule, Standards, goals and expected outcomes. The Monitoring and Verification Instrument encompasses evaluation of youth care and services, youth records and maintenance of records, staff development, safety and maintenance, peer review and utilization management processes and incident reporting. The Monitoring and Verification Instrument contains the following categories of review and evaluation:

1. **Management Accountability:** Hiring and Screening processes, Program Culture, Channels of Communication, Training / Staff Development and Incident Reporting.
2. **Living and Treatment Environment:** Grievances, Program Cleanliness, Living Environment, Recreation and Leisure Activities. The program's physical plant supports an environment more conducive to the housing of youthful offenders by eliminating traditional corrections established hardware such as bars and isolation rooms. This is further exemplified in the dorm design which is supported by the existence of age appropriate wall paint, decorations, and furnishing.
3. **Case Management:** Youth Care and Services, Records, Contacts and Notifications, Admission and Orientation, Classification, RPACTs, Individualized Performance Plan, Treatment Team Meetings, Performance Summary and Transition Planning.
4. **Mental Health and Substance Abuse:** Youth Care and Services, Records, Clinical Services Oversight, Screening, Assessment / Evaluation, MHSA Treatment, Treatment and Discharge Planning, Suicide Prevention.
5. **Safety and Security:** Youth Supervision, Fifteen (15) Minute Checks, Key Control, Youth Searches and Contraband Procedures, Drills, Tool Control, Flammable, Poisonous and Toxic Items and Materials, and Behavior Management.



**6. Health Care Services:** Youth Care and Services, Records, Consents, Parental Notification, Screening and Orientation, Medical Alert, Assessment and Evaluation, STD/HIV Testing, Sick Call, Episodic / First Aid and Emergency Care, Offsite Care and Medication Management.

Monthly review processes shall include review of data, review of youth files, review of documentation, peer review processes, observations, youth, staff and parent surveys, fidelity monitoring and verification activities. Department management staff shall be assigned by the Facility Director to complete their respective assigned section (by discipline) of the monitoring tool and report back on the findings and recommended corrective strategies each month. Corporate support staff will provide additional monitoring on a quarterly basis and will provide support, technical assistance and coaching to promote improvement, professional development and implementation and assurances of corrective strategies as appropriate.

**Evaluation Protocols:**

1. **File Reviews:** Routine reviews and evaluation of youth records shall be completed by assigned department directors and designated program and corporate support staff. A sample of care management, mental health and substance abuse treatment records and health care records shall be reviewed on at least a monthly basis. Each department director is assigned files for review each month. Corporate support staff shall also conduct reviews of youth files at least quarterly. File reviews shall be initiated and documented using standard department auditing tool. All findings shall be included within program and leadership review processes. Follow up training, supervision and corrective strategies shall be initiated as indicated for areas identified in need of corrective action.
2. **Peer Review and Utilization Review Processes:** Peer review and utilization review processes shall be conducted on a quarterly basis at a minimum. Peer review activities will be conducted for clinical and health care services. Peer review activities will assist in quality assurance review, evaluation and the provision of technical assistance related to the implementation of client care and services. The Facility Administrator and the Director of Clinical Services will assist with coordination of peer review team members, scheduled site review dates and assignments. Each team will be provided project information and will be supported by the team leader during site visit review activities. A report of findings shall be prepared for each peer review process and will be presented to program and corporate leadership teams. Recommendations and follow up action will be included within the reporting and will address technical support as needed. As a part of peer review processes, utilization review activities will be conducted for assigned cases identified by the review team. Utilization review processes will include review of clinical and health files of identified youth and will include evaluation of medical necessity, quality of care, appropriateness of services and length of stay. Findings and recommendations shall be included within the team's report.
3. **Observation / Verification Activities:** Observation and verification activities shall be conducted monthly as part of the monthly monitoring and verification report. Assigned department and support staff shall observe and verify required practices. Observation and verification activities may include camera reviews, observations of community and team meetings, staff interactions, key control, tool control, visitation, transportation practices,





data entry and other identified areas outlined within the monitoring tool. Findings shall be reported within the monthly monitoring and verification report and shall be reviewed with department and program leadership for follow up and corrective action when indicated.

4. **Client Care and Services Evaluation:** The provision of care, custody and treatment services are of the utmost importance to the program. Ongoing evaluation of care and services provided is conducted through a variety of methods to ensure compliance, adherence to best practice models and quality.

## **FIDELITY MONITORING**

Within the Monitoring and Verification Instrument process requirements, monthly fidelity monitoring is conducted in the areas of delinquency interventions and mental health and substance abuse treatment provided. Monitoring Protocols include:

1. **INTERNAL FIDELITY MONITORING:** Monitoring shall be completed by staff members who have had formal training delivered by a qualified trainer in the primary service or were developers of the primary service.
2. **FIDELITY MONITORING DOCUMENTATION:** Fidelity monitoring will be documented on checklists provided for the curricula developed for manualized and non-manualized curricula.
3. **FIDELITY MONITORING ACTIVITIES:** The Clinical Director or assigned trained staff shall complete fidelity monitoring activities for each primary service and service deliverer each month. The staff responsible for conducting fidelity monitoring shall follow the manual / checklist / protocol to ensure the facilitator delivers each component of the curricula in the order and manner prescribed.
4. **FIDELITY MONITORING SUPERVISION NOTES:** Fidelity monitoring for individual counseling will be included in detailed supervision notes.
5. **FIDELITY MONITORING REVIEW AND PROCESSING:** Fidelity monitoring will include review and processing with each facilitator following review of service delivery and will include recommendations and corrective strategies when appropriate. Corrective actions may include additional coaching, supervision, training, re-training and / or increased of monitoring if indicated.
6. **FIDELITY MONITORING SKILL EVALUATION:** Evaluation of skill for each facilitator delivering primary services will be included in the annual evaluation process.

**SATISFACTION SURVEYS:** Satisfaction surveys will be incorporated into the monitoring and verification activities as part of the program's quality assurance program. Satisfaction surveys shall be provided routinely and will be completed on at least a quarterly basis. Surveys will include: Youth Surveys, Family Surveys and Staff Surveys at a minimum. Surveys will target admission activities, topic-specific assessments and discharge satisfaction. Survey data will be reviewed and evaluated monthly in program level and corporate leadership meetings. Survey outcomes will be collected and communicated as part of ongoing program communication and quality improvement activities.





### **C. MONTHLY ANALYSIS, REVIEW AND REPORTING OF PERFORMANCE AND QUALITY ASSURANCE REVIEWS**

Program and corporate leadership meetings shall include monthly quality assurance review processes which will incorporate review of facility data, surveys and findings of formal Monitoring and Verification activities. Within each meeting, progress to date, program strengths, improvement needs and corrective action will be discussed. Recommendations will be made by the team with ongoing review, follow up and technical assistance provided as applicable.

### **D. OUTCOME EVALUATION**

1. Evaluation of program outcomes will be conducted through review of facility data, compilation and reporting on weekly and monthly statistics and formal reviews and evaluation of monitoring and verification activities within the program;
2. The program will provide program and performance data to complete evaluations, studies and assessments of the program and service delivery; and,
3. Data gathered by the program will be used for long term planning, provisions for staffing, a system of communication to keep staff and stakeholders informed and providing opportunities for feedback, performance improvement and budgeting.

### **B. PERFORMANCE OUTCOME MEASURES**

Youth Opportunity has developed management tools to address performance goals, manner to accomplish the specific goals and how the resulting successful goals will benefit youth services and program outcomes. We believe that goals should be challenging, yet achievable, with consistent review of designated benchmarks for achieving stronger outcomes. Program and corporate leadership meetings shall include monthly quality assurance review processes which will incorporate review of facility data, surveys and findings of formal Monitoring and Verification activities. Within each meeting, progress to date, program strengths, improvement needs and corrective action will be discussed. Recommendations will be made by the team with ongoing review, follow up and technical assistance provided as applicable.

### **APPROACH TO OPTIMUM PROGRAM PERFORMANCE**

Youth Opportunity strives to identify performance measures that will improve program service delivery and are realistic and achievable. We commit to collaboratively working with the TJJD to modify the measures for plausible outcomes. Youth Opportunity carefully design applications involving innovation, delinquency interventions, and evidence-based treatment as solutions to improve outcomes; however, we believe in carefully and consistently measuring Key Performance Outcome Measures to ensure that we are meeting company expectations and those of TJJD. Youth Opportunity proposes the following minimum requirements of Key Performance Outcome Measures that we believe are crucial to the overall desired service delivery and are in alliance with the vision of TJJD:

1. Youth Arrests During Placement (ADP) Rate  
Measure: The number each time a youth is arrested while in the program



Our Goal: Zero (0) arrests

2. Use of Seclusion or Inappropriate Physical Intervention (HWC)

Measure: The number of instances of inappropriate use of HWC or seclusions

Our Goal: Zero instances

3. Excessive/Unnecessary Force

Measure: The number of closed ANE cases of Substantiated Findings of Unnecessary and/or Excessive Use of Force for the reporting quarter (do not count for multiple staff)

Our Goal: Zero (0) incidences

Measure: Recidivism rates relative to statewide averages for same level and types

4. Improved Family Engagement: Admissions

Our Goal: 100% of youth parent/guardians will be notified by telephone within 24 hours of admission and in writing within 48 hours of admission

Measure: Percentage of youth having family participation in treatment team, family session and program family/youth activities

5. Improved Family Engagement- Treatment Team Meetings – Parent/Guardian invitation

Our Goal: 100% of parent/guardians will be invited to participate in intervention and treatment team meetings and treatment planning

Measure: Percentage of youth's family participation in treatment team, treatment planning, family sessions and program youth/family activities

6. Improved Family Engagement- Treatment Team Meetings – Parent/Guardian contact

Our Goal: 100% of parent/guardians will be called/contacted during intervention and treatment team meetings and treatment planning

Measure: Percentage of youth's family participation in treatment team, planning, family sessions and program family/youth activities

7. Improved Family Engagement & Participation: Performance Plan

Our Goal: 100% of parent/guardians will be reached to provide input on the youth's performance plan

Measure: Percentage of youth's family participation in treatment team, family sessions and program family/youth activities

8. Improved Family Engagement and Participation: Transition

Our Goal: 100% of parent/guardians will be contacted within 60 days of release from the program and invited to provide input on the youth's transition plan

Measure: Percentage of youth's family participation in treatment team, treatment planning, family sessions and program youth/family activities

9. Decrease in Risk Factors

Our Goal: 100% of the youth completing the program will exhibit decrease in risk factors

Measure: Comparing the initial and exit RPACTs, the percentage of youth completing the program who exhibit a decrease in risk factors divided by the number of youth who completed the program

10. Increase in Protective Factors

Our Goal: 100% of youth completing the program will exhibit increase in protective factors

Measure: Comparing the initial and exit RPACTs, the percentage of youth completing the program exhibiting an increase in protective factors divided by the number of youth who completed the program

11. Specialized Transition Services



Our Goal: 100% of youth will receive individualized transition planning specific to their criminogenic needs

Measure: Number of admitted youth with a treatment plan addressing criminogenic factors divided by the number of discharged youth with a treatment plan addressing criminogenic needs

12. TJJD Contract Specialist/Case Manager Contact

Our Goal: 100% of TJJD Contract Specialist' will attend and participate in all multi-disciplinary team meetings, youth conferences and any other planning on behalf of youth

13. Our Goal: 100% of all JPOs will attend and participate in all multi-disciplinary team meetings, youth conferences and any other planning on behalf of the youth

### **PLANS TO TIE PERFORMANCE MEASURES TO DEPARTMENT GOALS**

Consistent with the Department's vision and desired outcomes for program services, Youth Opportunity will continue our mission to achieve the strongest performance outcomes and standards at our CSI Rockdale Academy. As previously shown, we have proposed a specific goal for each Key Performance item that will be directly tied to the Department's goals during reviews. We maintain a collaborative process for monitoring program performance via:

**DAILY PERFORMANCE MEETINGS:** Each morning, the facility administrator, assistant facility administrator, clinical director, transition case manager, nursing clinical manager, human resources/business manager lead teacher and facility manager meet for a management meeting to address performance, safety and security issues, incidents, activities, goals and other topics. During each shift change, incoming and outgoing staff and management discuss any safety and/or security concerns, youth issues, operational items and training that may be needed;

**WEEKLY PERFORMANCE MEETINGS:** Each week, the Facility Administrator completes a report that addresses areas of performance, operations, census and incidents, in addition to physical plan issues, morale committee feedback, positive activities and HR issues. A second meeting, the Juvenile Justice Operations Meeting, includes the President, Senior Vice President, Florida Director, Vice President of Compliance, Fidelity and Implementation and Director of Program Support to review data, reporting, outcomes, concerns and observations; and,

**MONTHLY MEETINGS:** Designated program and corporate staff complete an internal quality assurance process that incorporates review of facility data, surveys and findings of formal monitoring and verification activities. Additionally, corporate leaders meet to review the internal quality assurance review findings, data collection, key performance outcomes and correlation to Department standards, in addition to any arising Human Resources needs.

### **OPERATIONAL APPROACH TO MEET QUALITY PERFORMANCE**

We will continue the above meetings to examine program strengths and further needs for improvement and technical assistance. Our quality assurance process proactively measures and evaluates outcomes by:



- Tracking performance measures and established standards;
- Evaluating output measures such as capacities and technology and infrastructure comprising the system of care;
- Evaluating process measures of administrative, clinical and all components of treatment;
- Evaluating outcome measures pertaining to outcome of services;
- Evaluating outcome through review of facility data, compilation and reporting on weekly and monthly statistics, in addition to formal reviews and evaluation of monitoring and verification activities;
- Providing a system of analyzing information and factors which influence performance;
- Providing a system of reporting results of quality assurance reviews;
- Incorporating best practice models for improving performance in areas which are deficient;
- Incorporating peer review processes into protocol; and,
- Encouraging feedback from Department monitors, JPOs and parents on our programming fundamentals.

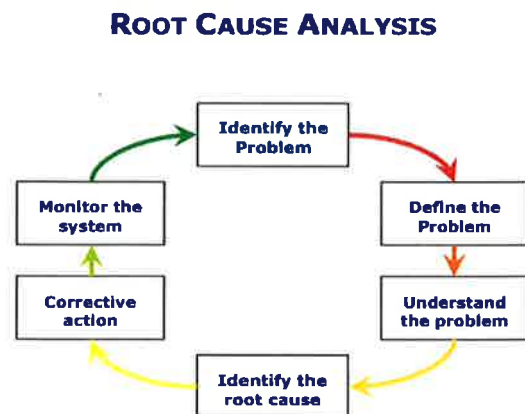
#### **APPROACH FOR REPORTING, ANALYZING AND TRACKING CRITICAL DATA**

Since 2000, Youth Opportunity leaders have worked closely with various state Department's to ensure reporting is timely and documentation is objective for medical, facility, staff or youth incidents. In the event of a critical incident, the Facility Administrator or VP of Program Development immediately notifies TJJD. We follow an aggressive approach that is quick and thorough:

- Incident: Immediately document all detail on who, what, when, why and where
- Interview: Obtain youth and staff statements who observed the event
- Gather Evidence: Immediately review camera types and observe the incident location
- Team Briefing: Discuss immediate findings with management team
- If reportable, immediately notify law enforcement, CCC, JJIS and DJJ monitor

**ANALYZING:** Youth Opportunity utilizes Root Cause Analysis as the simple process for key staff to understand and quickly solve a problem after it has occurred. Time is of the essence in juvenile programming; therefore, direct care staff and management quickly ascertain immediate findings, with follow-up after more thorough investigation is done.

**TRACKING:** Tracking is contained within the Internal Quality and Risk Management System, beginning on page 6. The consolidation of data and information is derived from daily, weekly and management operational meetings. Root cause helps to set up new systems to avoid potential future incidents.







## **C. STAFFING**

### **PROPOSED PLAN TO EMPLOY AND MAINTAIN QUALIFIED STAFF**

The CSI Rockdale is **currently operating** under the Youth Opportunity tutelage as a 40-bed program. Our current staffing pattern will continue to be adjusted as we add programming opportunities or the needs of TJJD change. We have a fulltime **psychologist** as the Clinical Director to oversee all therapists and treatment services. Youth Opportunity proposes 49.51 FTEs of qualified staff to provide the oversight and perform the duties and responsibilities outlined in the ITN. This includes 25.05 FTEs to meet the required staff-to-youth of 1:8 or 1:12 depending on dorm layout and evening and 1:16 during youth sleep hours.

**RECRUITMENT:** To recruit quality employees, Youth Opportunity initiates strategy that will reach the strongest number of potential applicants in a short period of time and is clear in what the position requires. Internal recruitment efforts come through transfers from other Youth Opportunity facilities and promotions through our internal job postings. We maintain accurate job descriptions and compose ads that are clear in the key qualifications and skills that we are seeking for the position. For those applicants that are in long distance proximity for travel, we record initial interviews to relieve the potential future employee. External recruitment strategies include:

- Social media promotions to tap into potential mediums such as LinkedIn and Facebook, in addition to traditional ways such as newspapers, Indeed, Career Builder and Monster;
- College Job Fairs as valuable resource of applicants pursuing education in applicable fields such as criminal justice, psychology, social work and business;
- Staffing agencies as a backup plan for positions not requiring experience in the field, such as administrative work or nursing; yet, have candidates with the educational experience needed for the job.

Once a candidate (or volunteer) is identified, YOI will conduct drug testing and background screens to include: a criminal history check and child protection checks. As a best practice, Youth Opportunity requires all staff and volunteers to pass the **Diana Screen**, (<http://dianascreen.com>) which is a validated sexual victimization risk assessment instrument to help **keep youth safe** from sexual abuse and/or sexual boundary violations. The Diana Screen asks applicants a series of questions that help identify applicants who fail to recognize sexual boundaries between adults and children and can have a profound impact on protecting youth from potential sexual victimization and complies with national PREA standards.

**RETENTION:** Youth Opportunity knows that employees who enjoy the work atmosphere and are motivated in their job are also most likely to stay. Retention is significant because a satisfied employee greatly contributes to job performance and the overall safety and security at CSI Rockdale. Further, high staff turnover is costly to the company but most importantly, it can compromise supervision ratios that directly impact the safety and security of the program. Youth





Opportunity provides a process that engages new employees to learn our company's philosophies, core values and job-related information. To motivate Youth Opportunity retention, we offer **employee incentives** to recognize and reward good work and dedicated years of service as a matter of internal policy and through the following methods:

- Recognition for dedicated years of service;
- Quarterly retention bonuses that increase with length of service;
- Gift cards;
- Drawings;
- Employee of the month events;
- Employee referral incentives;
- Comprehensive health and retirement benefit package;
- Intermittent leave payout opportunities for those with tenure and in good standing;
- Mentorships;
- Free license supervision;
- Clinical internship opportunities;
- Competitive pay and benefits package for all full-time employees and their dependents including health, dental, vision, paid time off (PTO) that covers sick, vacation and holiday time; and,
- Performance recognitions and incentive-based encouragement for leaders.

Managers will meet with their staff on a bi-weekly manner as **staff development sessions**. The purpose is to collaboratively acknowledge staff for a job well done, identify areas for improvement and provide an opportunity for staff feedback on any concerns. Through proper training, guidance and coaching we will develop staff that are more competent and confident to be more effective in their respective roles. Every new staff will receive a **90-day performance evaluation** and each employee will receive an annual evaluation as key components of employee development. The performance reviews are intended to be a fair and balanced assessment of an employee's performance and will give the employee and manager an opportunity to discuss the employee's job performance and set goals and objectives for professional development.

As part of **succession planning**, Youth Opportunity leadership will identify and develop internal candidates for future promotions into leadership positions. The selected individual(s) will receive additional trainings to enhance competency and improve skills, have the opportunity to participate in leadership meetings, learn reporting requirements and actively participate in coverage planning. This will increase the pool of experienced employees that are prepared to assume new roles as they become available, which strengthens program stability.

#### Approach to Succession Planning & Management



Lastly, Youth Opportunity will implement a **mentorship program** for seasoned, direct care staff looking for advancement opportunities. This will allow selected staff an opportunity to improve their supervisory skills by mentoring to new staff during on-the-job training to introduce them to the nuances of the program and help them to process challenging situations.



## STAFFING PLAN

To maximize the most benefits to our youth and environment, we have developed a staffing plan that seeks the **right people, in the right positions, at the right time**. We have planned our overtime before it is needed to allow for vacation coverage, training, sick days and holidays by utilizing a 1.67 shift relief factor. This is tracked and analyzed as it occurs to determine efficiency and cost effectiveness. Further, we understand that “key personnel” are considered essential to the contract and notification to TJJD will be made within 48 hours if there is a change in status of any one of these. Key personnel include the facility administrator, assistant facility administrator, nurses, contracted physician designated as the HSA, and licensed clinician designated as the Clinical Director.

Most importantly, we understand the importance of positive staff dynamics when working with youth. We refer to all levels of our staff as “professionals” and place high expectations on the ability to consistently model pro-social behavior within a trauma-informed culture. The gender-specific **Men’s Trauma Recovery and Empowerment Model (M-TREM)** will be integrated into group therapy. However, we will integrate the theory of symptomatic behavior and patterns into everyday practice. Each employee is challenged to be part of a trauma-informed culture that encourages, motivates and establishes trust and rapport with our boys while holding them accountable for their actions. Youth Opportunity proposes the following staffing pattern:

Position	FTE	Hours Per Week Per Position	Coverage						
			S	M	T	W	T	F	S
VP of Program Development	0.26	15							
VP of Compliance & Implementation (on call)	0.10	4							
Director of Program Support (on call 24 hrs/day)	0.10	4							
Facility Administrator	1.00	40							
Assistant Facility Administrator	1.00	40							
HR/Business Manager	1.00	40							
Shift Supervisor	5.00	40							
Youth Counselor I (11.69) and II (13.36)	25.05	40							
Clinical Director/DMHCA	1.00	40							
MHP Therapists	4.00	40							
RN/HSA	1.00	40							
LVN Nurse	1.00	40							
Case Manager	3.00	40							
Physical Plant Manager	1.00	40							
Food Services Manager	1.00	40							
Dietary Worker	2.00	40							
Transporter	2.00	40							
<b>Total FTEs</b>	<b>49.51</b>								

**STAFF POSITION AND DESCRIPTION:** Youth Opportunity proposes the following detailed staffing plan that includes position, credentials, position duty description and education.



Position	FTE	Credentials/Education and Position Description
Vice President of Program Development (Corporate)	.26	Bachelor's degree from an accredited university or college with coursework in Human Resources, Business Administration or similar curriculum and five years' experience managing, directing or otherwise leading the administration function of large operations. Duties include the supervision, monitoring and supporting Facility Administrators; assisting in implementing and executing all operational policies and procedures supervising all functions related to program operation to include adhering to regulatory standards, meeting organizational mission and continuous quality improvement; jointly assist with systems and staff development, employee and youth morale and training; lead facility budget reviews; oversee selection of hiring, retention and staff development. The VP of Program Development is on call 24/hours a day.
Vice President of Compliance & Implementation (Corporate)	.10	Bachelor's degree from an accredited university or college with coursework in Sociology, Health and Human Services or similar curriculum and five years' experience managing, directing or otherwise leading the compliance and fidelity component of private companies. Duties include development and oversight of facility based policies and procedures and development of quality assurance programs that adhere to specialty services guidelines, licensing and accreditation standards; managing the review and analysis of program performance, outcomes, technical assistance and solutions based reporting for assigned residential specialty services mental health commitment programs; provides support in areas of compliance, business development and program implementation. This leader is on call for performance support.
Director of Program Support (Corporate)	.10	Bachelor's degree from an accredited university or college with coursework in Sociology, Health and Human Services or similar curriculum and five years of experience managing, directing or otherwise leading residential rehabilitation facilities. Duties include designing and implementation of business strategies, plans and procedures; ensuring comprehensive goals are set for overall company performance and growth and are measurable and data driven; working with each facility's management team to make operations more efficient and customer oriented. This leader is on call for program support.
Facility Administrator	1.00	Bachelor's degree (preferred) from accredited university/college and a minimum of three years working in a structured juvenile setting. Duties include providing leadership in direct administration, recruitment, program operations, adherence to contract requirements, budgets, performance and quality improvement initiatives, licensure processes; adherence to local, state and federal health, fire and safety codes and requirements; development of relationships with DJJ, community, and families.
Assistant Facility Administrator	1.00	Bachelor's degree (preferred) from accredited university/college and a minimum of two years working in a structured setting. Duties include overseeing the behavior management system, overtime, ratio compliance, staff interactions and professional behavior; ensuring



		program safety and security; and, provide a therapeutic trauma-focused milieu. This person will rotate weekend visibility on campus.
HR/Business Manager	1.00	Bachelor's degree in business, human resources or related field or the equivalent amount of work experience in human resources with a preference of prior human resources experience in a health care setting. Duties include overseeing the compensation plan and employee benefits program; coordinating the hiring process, job interviews and background screenings; maintains position control and OSHA records/logs; follows protocols for vacancies and expedite efforts to fill positions; communicates with corporate HR representatives; oversees the program's performance appraisal and corrective action process; implements incentive plans; provides support to management; administers HR Policy and Procedure Manual and facility-specific personnel policies/procedures. This person will provide 40 hours/week.
Shift Supervisor	5.00	Minimum of a high school diploma or G.E.D., at least 21 years of age and at least two (2) years of direct care experience working with youth. Must have one (1) year of previous related supervisory experience or must have been in a YC II position for at least six months. Duties include attending daily management meetings; supervising and monitoring youth counselors throughout the shift; ensuring shift-to-shift protocols are followed; monitoring log book compliance; setting up and revising shift schedules to ensure ratio coverage; reviewing incident reports; overseeing volunteer/visitor events; overseeing the behavior management procedures; providing collaborative feedback to Treatment Team; inspecting facility safety and security and ensuring any breach is correction in timely manner. Supervisors will rotate for coverage 7 days.
Youth Care Worker I	11.69	Minimum of a high school diploma or G.E.D., at least 21 years of age and preferred to have two (2) years of similar experience with youth. Higher level of education considered for previous experience. Duties include following protocol for direct supervision of youth; modeling pro-social behavior; maintaining shift-to-shift documentation; incident reporting; checking first aid kits; maintaining behavior management point system; monitoring volunteer/visitor events; identifying and correcting safety/security potentials; managing the general behavior of youth; providing custodial duties and housekeeping functions; monitoring daily activities; demonstrating ability to effectively work with population; provide trauma-focused care. Youth counselors will be provided schedules to ensure coverage 24 hours/day.
Youth Care Worker II	13.36	<u>Youth Counselor II:</u> Minimum of a high school diploma or G.E.D., at least 21 years of age and preferred to have three (3) years of similar experience with youth. Higher level of education considered to substitute a portion of the number of years of previous experience. Specialty training required. Duties include those identified above for Youth Counselor I, in addition to providing back-up support to the shift





		supervisor; ensuring shift-to-shift reports and procedures are followed; overseeing youth counselor I, following program schedules; providing impromptu interventions to shape youth behavior; maintaining a safe, healthy and structured environment. Youth counselors will be provided schedules to ensure coverage 24 hours/day.
Clinical Director	1.00	Master's degree from an accredited university or college in the field of counseling, social work, psychology or related human services field and a licensed psychologist under state regulation. or a licensed mental health counselor, licensed clinical social worker or licensed marriage and family therapist licensed under state regulation. Duties include the provision for oversight to all mental health/substance abuse staff; at least one hour of on-site, face-to-face supervision of therapist per week; ensuring there is a direct line of communication to and within all therapists; overseeing the comprehensive evaluation and treatment processes; training to ensure therapists maintain a level of performance conducive to the population; ensuring integrity and fidelity to treatment is maintained, monitoring therapist performance of quality services based on education, training and experience; implementing effective, evidence-based and promising practices; provide on-site service five days a week, and provide on-call assistance 24 hours a day.
Therapist	4.00	Master's degree from an accredited university or college in the field of counseling, social work, psychology or related human services field. Duties include providing counseling/therapy; establishing effective interventions for substance-related disorders and mental health issues; assessments and development of plans to treat the therapeutic needs of the youth and family wellness; assessing for crisis and potential suicide and ensuring protocol is followed; integrate family into treatment processes. Schedules will accompany therapists on campus 7 days/week.
Health Services Administrator-RN/	1.00	Bachelor's degree in nursing and a Texas licensed registered nurse in accordance to state standards. Duties include providing on-site nursing services and direct supervision of the program nurse and functions of the medical clinic; participating in daily management meetings and monthly Treatment Team, providing on-call services 24 hours a day, 7 days a week; providing and monitoring medication administration; developing emergency medical drill calendar and participating in drills; coordinating healthcare services during off-site evacuations; prepare required reports; maintaining the alert system and ensuring communication is delivered to management with concerns; consulting on infection control matters; participating in healthcare audits; making notifications as applicable in the event an error is made in following protocol; and providing services five days a week including when the DHA and psychiatrist are scheduled.
LVN	1.00	Degree in nursing and a Texas licensed vocational nurse in accordance to state standards. Duties include admission health assessments,





		screenings and evaluations; ensure accurate documentation in records; provide immunizations, sick call and episodic health care, medication administration and health education; complete timely parental notifications; provide support to the Health Services Administrator; and rotate with the HSA for coverage seven days/week.
Case Manager	3.00	Bachelor's degree from accredited university or college in field of counseling, social work, psychology, rehabilitation, special education or in a related human services field and two years of experience in working with children with serious emotional disturbances problems. Duties include collaborating and coordinating with TJJD representatives, attorneys, court system, agency staff, and other members of the community in the youth's performance planning; providing monthly reports on youth progress; participating in Treatment Team; maintaining dialogue with parent/guardians; facilitating delinquency intervention/restorative justice groups if needed; providing pro-social modeling to youth; and working five days a week.
Physical Plant Manager	1.00	At least a high school diploma or equivalent and successful completion of a required training program. Duties include providing routine and preventative maintenance as needed; attending to daily physical plant needs; inspecting and repairing buildings, equipment, machinery, and furnishings; maintaining the safety and security of tools and working five days a week and being on call for emergencies.
Food Services Manager	1.00	Possession of a certificate showing satisfactory completion of dietetic technician or dietetic assistant training approved by the American Dietetic Association or state agency with 90 or more hours of classroom instruction in food service supervision and one year of fulltime experience as a supervisor in an institutional food service unit OR master's degree in dietetics, nutrition, food or food science, institution management or food services management. Duties include the daily operations of the food service department; kitchen and appliance inspections; annual inspections and certifications; safety; and, rotating with dietary worker to provide food to youth seven days a week.
Dietary Worker	1.00	High school diploma or equivalent and completion of job-specific training. Duties include food preparation and serving of food; maintaining kitchen cleanliness; following safety plans and protocols for kitchen area; following schedule for serving of food; and, rotating schedule to ensure food is served to youth seven days a week.
Transporter	2.00	High school diploma or equivalent, have a current Texas license and completion of job-specific training. Duties include following protocol that includes transportation procedures, safety and security; maintaining direct youth supervision; ensuring mechanical hardware is safely stored following transport; vehicle inspections; assisting with other duties when there are no transports; working 40 hours a week.



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## COMPREHENSIVE TRAINING PLAN

Youth Opportunity maintains a rigorous, ongoing process that motivates new and existing employees to thrive. Training is driven by TAC 344 Standards, to include Handle With Care (HWC), national best-practice standards and other national accreditation training standards, which coincide with our Youth Opportunity comprehensive, internal training program that meets all training requirements of TJJD.

The training plan is monitored and revised, as needed, by the Youth Opportunity Vice President of Program Development to ensure compliance to TJJD standards. All training courses have documented, expected learning outcomes and all scores and instructor evaluations are used to evaluate effectiveness of the training and provide the instructor with feedback around areas they too can improve upon.

**PRE-SERVICE TRAINING:** During pre-service training, staff will be introduced to motivating, instructor-led trainings facilitated by qualified trainers. **Upon hire, each new employee will receive 120 hours of training within the first 30 days of employment.** Our training plan guides all new staff to receive 120 hours of pre-service training before being able to “work on the floor” or interact with the boys. Prior to the forty hours of on-the-job (OJT) training, staff will complete a **competency evaluation**. Staff development personnel will review the results with staff, which becomes a perfect opportunity to remedy areas of concern prior to the staff engaging with the youth. Additionally, Youth Opportunity conducts **specialized training** targeted at topics specifically relevant to designated service delivery and quality programming. All staff are eligible and encouraged to participate in these available instructor-led courses.

**IN-SERVICE TRAINING:** Youth Opportunity maintains an operational approach to ensure all currently employed staff receive a minimum of 40 hours of on-going training. Our current annual in-service plan exceeds 40 hours and new topics are made available when beneficial. Training is effectively scheduled to ensure that each shift has the coverage needed to maintain ratios. As earlier discussed, we have planned our overtime by utilizing a 1.67 shift relief factor to cover to cover training and other needs. Annual in-service (refresher) training involves both pre- and post-testing for trainers to understand where participants are versus where they need to be.

All staff holding supervisory roles are required to participate in our **professional development** training but staff at any level are encouraged to partake in the education if they choose. The courses teach invaluable interpersonal, management, and supervisory response skills that serve to improve the overall climate of the facility, maintain positive employee relations, and improve job satisfaction and fulfillment.



## **D. PROGRAM COMPONENTS: RESTORATIVE JUSTICE AND EVIDENCE-BASED/PROMISING DELINQUENCY INTERVENTIONS PROGRAMMING**

### **RESTORATIVE JUSTICE PROGRAMMING**

The CSI Rockdale Academy operates under the theory that youth need to understand the harm they have caused for their victims and find ways for reparation. It requires collaborative activities that includes all stakeholders and can build the relationships between the youth and his community. Our Restorative Justice (RJ) programming develops the youth's personal accountability through a process of steps that we incorporate into activities to:

1. Identify the harm that has been done to others;
2. Identify the victimization and need to take personal responsibility;
3. Make amends to the victim(s) to restore their dignity and protect the public; and,
4. Learn competency development in skills to become a productive member of society.

### **PLAN FOR IMPLEMENTING AN EFFECTIVE DELINQUENCY INTERVENTION**

#### **GOALS AND OBJECTIVES TARGETING CRIMINOGENIC NEEDS AND DECREASING RISK FACTORS:**

Youth Opportunity bases its Restorative Justice programming at the CSI Rockdale on research that validates the need for intervention. Research such as "The Evidence" (Lawrence & Sherman, 2007) shows substantial reductions in recidivism after violent crimes. Additional research shows noteworthy support for decreasing offender recidivism and restitution compliance and increasing offender/victim satisfaction (Latimer, Dowden and Muise, 2005). Strong evidence supporting restorative justice within the criminal justice system identifies reduced recidivism (Sherman 2015; Campbell-Strang, 2013; Sherman, 2007 and Latimer, 2005).

CSI Rockdale maintains goals and objectives that include decreasing repeat offending, reducing the cost to the Department through lowering the number of repeat offenses, decreasing the youth's risk factors, improving relationships between the youth and community, reducing youth conflicts, strengthening the youth's ability to communicate clearly and rationally, while strengthening personal achievements in the program. The anticipated beneficial outcomes are expected to be reduction in recidivism, increase in youth satisfaction with the restorative justice process and reduction in youth post-traumatic stress. Examples of goals and objectives that will be met through a myriad of best practices include:

- Provision for evidence-based techniques of Motivational Interviewing that will be used by all staff to raise the youth's self-awareness and motivate him to change his behaviors;
- Provision for evidence-based and researched delinquency intervention groups that incorporates restorative justice concepts and teaches youth how to take responsibility for criminal thinking by recognizing irresponsible thinking;
- Consistency in applying all components of the behavior management system to reinforce accountability, responsibility and victim empathy;
- Provision for program activities for skills building and continually tie back into the restorative justice philosophy of repairing harm caused by crime;



- Provision for community meetings that engage communication, resolve issues and provide accolade for growth in perspectives as they relate toward empathy of others;
- Utilizing victims from the community to speak to the youth on the impacts that victimization has caused in their lives;
- Participation in case planning processes and community activities where the youth can give back through personal service;
- Provision for integrating restorative justice concepts into the transitioning processes as the youth nears the end of his residential stay to strengthen his resilience and skills; and,
- Provision for pre-post measurements to determine decrease in criminogenic risk factors.

## **CURRICULA**

Most boys are arrested for vandalism, theft, assault, rape, drugs and some major offenses (Joseph A. Wickliffe, 2000). To better understand why some youth turn to delinquency, we must consider environmental factors during the youth's developmental stages that most likely influenced behavior. The lack of parents in the home, deficient parenting skills, inability to set healthy boundaries, exposure to social media and dependency on electronics may directly influence judgement and self-perception. Further, the exposure to drug and alcohol abuse and gun violence can easily place a young person in at risk situations and distort thinking.

CSI Rockdale will provide the following evidence-based and researched groups to meet the cognitive, cultural and delinquency needs that influence delinquency:

- **Thinking for a Change (T4C 3.1)**, which uses a problem-solving program with both cognitive restructuring and social skills interventions bridging the identification of thinking, beliefs, attitudes, and values on the youth's behavior. The curriculum is facilitated by the trained case manager and co-facilitated by the trained youth counselor.
- **Impact of Crime**, which helps youth understand the harm they have created and assists them in taking personal accountability for their actions. Our goal is to help the youth repair the harm caused so the youth can reintegrate back into the community in a healthier and sustaining manner. The curriculum is delivered by the trained case manager.

## **MONITORING PLAN FOR FIDELITY TO THE ORIGINAL MODEL**

Research finds that effects on recidivism appear strongest when restorative justice practices are implemented with juvenile offenders and high fidelity to tested models is followed (Schwalbe, 2012; Hipple, 2014). Within the Monitoring and Verification Instrument process requirements, monthly fidelity monitoring is conducted in the areas of delinquency interventions and mental health and substance abuse treatment provided. Fidelity monitoring protocols are captured within our Internal Quality and Internal Risk Management system addressed earlier, on pages 8-11. As described, the process for internal fidelity monitoring is completed by trained staff who deliver manualized and non-manualized curricula and provide documentation. The trained clinical director/designee completes monthly fidelity monitoring for each primary service and service deliverer to ensure delivery of curricula to the design. There is a collaborative review with each





facilitator for recommendations and corrective strategies (if needed) to ensure fidelity is followed. The facilitator's skills are further captured in the annual evaluation.

## **E. YOUTHFUL OFFENDER PROGRAM**

Youth Opportunity Investments follows the philosophy that typically, early age juvenile delinquency follows a trajectory similar to that of normal adolescent development. In other words, children and youth tend to follow a path toward delinquent and criminal behavior rather than engaging randomly. Research has shown that there are two types of delinquents,

- those in whom the onset of severe antisocial behavior begins in early childhood, and
- those in whom this onset coincides with entry into adolescence.

In either case, these developmental paths give families, communities, and systems the opportunity to intervene and prevent the onset of antisocial behaviors and justice system involvement. Therefore, it is imperative that our model for youthful offenders is designed with the intent to intervene early with a target to specifically address positive youth development.

Youth Opportunity Investments defines positive youth development as “an intentional, pro-social approach that engages youth with their communities, schools, organizations, peer groups, and families in a manner that is productive and constructive; recognizes, utilizes, and enhances youths' strengths; and promotes positive outcomes for young people by providing opportunities, fostering positive relationships, and furnishing the support needed to build on their leadership strengths.”

***Positive Youth Development*** will drive the culture of our gender-specific programming. This is a **best practice** supported by the Oregon Commission on Children & Families and a policy perspective to provide services and opportunities for youth that will develop a sense of competence, usefulness, belonging and empowerment. Key elements we will follow are:

- Youth are viewed as a valued and respected asset to society;
- Policies and programs focus on the evolving developmental needs and tasks of adolescents, and involve them as partners rather than clients;
- Families, schools and communities are engaged in developing supportive environments;
- Youthful offenders are involved in age-specific activities that enhance their competence, connections, character, confidence and contribution to society;
- Youthful offenders are provided an opportunity to experiment in a safe environment and to develop positive social values and norms; and
- Youthful offenders are engaged in age-specific activities that promote self-understanding, self-worth, and a sense of belonging and resiliency.

As part of our ***Positive Youth Development best practice***, we know that youth with **competencies** are less likely to engage in risky behaviors; therefore, we will target:





- Physical competence to strengthen overall well-being that includes attitudes, behaviors and knowledge;
- Social competence including responsiveness, flexibility, empathy; communication skills, humor, self-discipline, assertiveness and the ability to ask for support;
- Cognitive competence to strengthen good reasoning, problem-solving and planning skills; the ability to think abstractly, reflectively and flexibly;
- Vocational competence to establish a sense of purpose and belief in the future; educational aspirations; and, adequate preparation for work and family life;
- Moral competence, which is the development of character, values, and personal responsibility and the desire to be ethical and to be involved in efforts that contribute to the common good.

### **Youthful Offender Age-Specific Program Services**

#### **1. Clinical Program Groups and Individual Treatment**

The delivery of the clinical program will be approached with a focus on youthful offenders....

#### **2. Action Based Learning Model**

**Action Based Learning™** is based on the brain research that strongly supports the link between movement, learning, and behavior modification in children. We know that healthy, active youth, make better learners. Action Based Learning provides educational training that focuses on creating an optimal learning environment for all youth, through movement. ABL strategies are teacher and staff friendly, time efficient, and most importantly - make learning and treatment more engaging for youth. Youth engaged in Action Based Learning programming initiatives show improved memory retention, increased focus and attention, improved grades, and less behavioral issues. The model allows youth to work off or refocus nervous energy that is sometimes associated with stress or mental health diagnosis.

The ABL model approach is instead of sitting at their school desks, dorm environment, or group setting and watching a teacher or therapist talk from in front of them, such as is pretty standard in most program settings, youth who participate in action based learning actually get to get up and move while they learn the regular parts of their curriculums. For example, children might peddle, walk, hula hoop, step in place and more, all while they are learning or engage in treatment.

#### **What does Action Based Learning look like in CSI Rockdale Academy?**

CSI Rockdale implement action based learning in a variety of ways.

- Kinesthetic furniture in the classrooms, group and dorm settings - different seating options that allow more movement for youth.



- Action Based Learning lab equipment - physical movement is layered with academic and treatment practice to increase academic success and positive behaviors in the program.
- Brain boosters throughout the program daily schedule - research shows that continuous sitting makes the brain sleepy and it is not as prepared to learn.
- Morning activity - using movement to stimulate the brains and get youth ready for program day.

### **3. Life Skills and Social Awareness Programming**

#### **Arise and Urban Tech Early Adolescence Life skills Curriculum**

CSI Rockdale uses ARISE delivers proven strategies in plain English that enables at-risk youth to easily understand and retain all ARISE life skills lessons to make lasting changes in their lives. From independent living skills to dropout prevention and anger management, ARISE Life Skills lessons engage youth and get the message through. What to watch for after the lessons? A new sense of wellbeing-engaged, motivated, positive attitudes.

All CSI staff including direct care participate in instructor training as part of this evidence-based life skills program. The ARISE Life Skills Instructor training prepares group instructors to teach the ARISE Life Skills Program to youth in the most effective and entertaining way.

The Urban Tech Life Skills is a digital based interactive program that is intended for students in third grade and above. The program empowers youth by opening doors to education and career options and raises their self-esteem so that they become comfortable pursuing new opportunities and life concepts. The curricula include nine (9) theme-based social and emotional competencies that use story-telling, reading and writing comprehension, discussion groups, situation analysis and contemporary music and games to help youth succeed. Competencies include: Team Building, Conflict Resolution, Financial Literacy, Healthy Habits, Community Building, Personal Appearance, Self-Discovery, Educational Planning, and Bullying Prevention

### **4. Teen Cert Emergency Preparation Programming**

The Teen CERT (Community Emergency Response Team) program educates CSI youth about disaster preparedness for hazards that may impact their home communities and trains them in basic disaster response skills. Using the "Scientific Method" to solve problems and using hands-on group learning, program youth participating in the Teen CERT program are prepared to help themselves, their families and their school during a major disaster when professional responders are delayed or not readily available. This in turn improves their sense of self-worth and their connection with the community. Teen CERT empowers students with decision-making and problem-solving skills and strategies to help them make informed decisions regarding prevention-mitigation, preparedness, response and recovery strategies to reduce loss of life & property. Program youth also learn the significance of working as a team to improve safety and increase their effectiveness when responding to disasters.



### **5. Animal Assisted and Canine Therapy**

Animal assisted Therapy AAT is a fit for CSI youth who have difficulty participating in staff and peer interaction by developing empathetic bonds with animals which can be an extraordinary step. Working with therapy animals and their handlers is a safe and effective way of exploring emotions and non-verbal forms of communication. Learning to read these cues in animals puts youth one step closer to becoming adept at daily interactions with program staff and peers.

Additionally, our children may be reluctant to work on relationships with staff, peers, or their families because of their past experiences. Most do not have previous experience with animals, though, so AAT represents new territory for them. When they successfully bond with the therapy animals, it's easier to convince them to try again with people. Animal-assisted therapy also reduces anxiety which a common problem among our youth who are faced mental and behavioral health issues.

### **6. Art Therapy**

CSI contracts with therapists and arts professionals that work with our youth who have psychological, emotional, behavioral, social, and other developmental challenges, by reaching them in ways traditional talk therapy cannot. The arts provide a way for students to communicate and overcome complex feelings, fears and struggles when words alone are not enough. Through art we want our youth who are creative and artistic young people to find the arts to be an effective way to heal an inner world that is currently filled with conflict and sometimes confusion.

### **7. Recreation Therapy**

CSI utilizes Recreational therapy, also known as therapeutic recreation, as a model of treatment that uses activities to aid in the recovery of psychological, social or physical conditions. Our youth with mental illness, substance use disorders and behavioral issues receive tremendous benefits from recreational therapy. Some of the benefits include:

- Increased self-confidence
- Improved decision-making skills
- Increases the ability to manage anxiety
- Ability to lower depression levels
- Enhanced cardiovascular and respiratory function
- Increased ability to cope with substance-related stressors
- Improved communication skills
- Increased flexibility and range of motion
- Improved time management skills
- Increased muscle strength

Another benefit of recreational therapy is that it teaches youth how to have fun without using alcohol and drugs. A common fear among teens with substance abuse issues is not



knowing what they will do with their time once they return home. Taking part in therapeutic recreation allows teens to develop interests that make staying sober a feasible reality, along with developing healthier lifestyle choices along the way.

## **8. Dignity for All: Bullying Prevention and Education**

CSI incorporates the Dignity for All curriculum which is a bullying prevention and safe and supportive facility program, which is both interactive with digital tools and offline with workbooks. DFA uses storytelling, role-playing, and popular culture to inspire collaborative discussion, critical reflection and goal- setting to become a more compassionate member of the program peer group and ultimately their home community.

DFA is divided into three Quests – Knowledge Acquisition: Understanding Bullying; Attitude Shift: How Reflection and Empathy Can Change Your Life, and Behavior Transformation: Creating Reflective and Restorative Communities – to help youth focus on breaking down the issues that occur in each step of the bullying cycle and build the skills necessary to sustain safe and supportive culture and climate in the program.

## **9. G.R.E.A.T. Gang Prevention, Education, and Early Intervention Program**

The CSI program addresses gang awareness and early intervention strategies utilizing the G.R.E.A.T. program. The Gang Resistance Education And Training (G.R.E.A.T.) Program is an evidenced- based national and international gang and violence prevention program that has been building trust between law enforcement and communities for almost 30 years.

G.R.E.A.T. is intended as an immunization against delinquency, youth violence, and gang membership. It is designed for youth in the years immediately before the prime ages for introduction into gangs and delinquent behavior.

The G.R.E.A.T. Program is built around CSI trained staff and/or local law enforcement officer-instructed group curricula. It provides a continuum of components for youth and staff. These components include a 13-lesson middle school curriculum, a 6-lesson elementary school curriculum, a summer component, and a family component.

## **10. Reading Partners Literacy Programming**

Together with our school JHW Inspire Academy, Reading Partners focuses on students who have gaps are behind in their reading level, harnessing the power of community volunteers to provide individualized instruction to help them master the reading fundamentals they need to reach grade level.

Trained, committed community volunteers, and program staff work one-on-one with CSI youth, delivering a simple, proven curriculum each week to help the child begin to gain lost ground.

## **11. Boys Scouts of America**





CSI Rockdale has partnered with the Boy Scouts of America Chapter to adopt the program as an individual Boy Scout Charter. Program youth are afforded the initiatives associated with the BSA that will promote their social and self-awareness as well as community engagement, duty, and services.

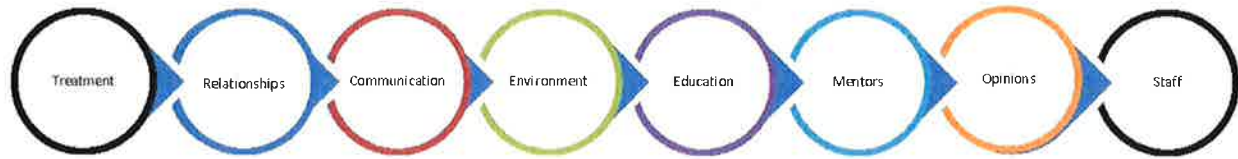
## **TRAUMA-INFORMED CARE**

Our programming revolves around research to ensure we are addressing the problem from a holistic perspective, rather than the symptom. The CSI Rockdale will continue to be a therapeutic program that transparently delivers trauma-informed care throughout the environment as an effective means of understanding how trauma surfaces in behavior. We know that physical or emotional trauma that has been experienced can have lasting adverse effects on the boy's functioning and mental, physical, social, emotional or spiritual well-being. The Office of Juvenile Justice and Delinquency Prevention (OJJDP, June 2013) reported findings that 93% of youth in the longitudinal study had experienced at least one trauma, 84% had experienced more than one trauma and 57% reported exposure to trauma six or more times.

To maximize the youth's treatment, we place importance on the Substance Abuse and Mental Health Services Administration (SAMHSA)'s Trauma and Justice Strategic Initiative (2014) focus on the three "E's" when addressing a youth's traumatic experience: 1) event(s) that may be a single occurrence or repeatedly over time, 2) experience of the event(s) to determine if the youth views it as physically and psychologically disruptive to a point that it is difficult to cope, and 3) effect the event has had, whether short or long term, that may have directly impacted his inability to cope with normal stresses.

Our programs operate with sensitivity to our youth and to the trauma related events that surface through behavior. We look for common symptoms, such as significant depression, trembling, irritation, anger outbursts, anxiety, sleep deprivation, avoidance. It is common to observe unpredictable emotional responses. During individual sessions, therapists will utilize the **Trauma Focused Cognitive Behavioral Therapy (TF-CBT)** evidence-based, psychosocial treatment model for post-traumatic stress and related emotional and behavioral problems. The **Men's Recovery and Empowerment Model** curriculum will be used in group setting. Further, we commit to follow SAMHSA's concept of a trauma-informed approach to *realize* the widespread impact of trauma and the paths for recovery; *recognize* the signs and symptoms of trauma not only in our youth, but in families, staff and others involved in the youth's case; *respond* by maintaining policies and practices with trauma inclusion; and seek to *control for re-traumatization* of the youth.

## **VALUABLE PRACTICES FOR GENDER-SPECIFIC CARE**



While all juvenile justice youth are not necessarily exposed to violence, those who are exposed are at risk for further problems with delinquency and criminal behavior into adulthood. The treatment of trauma in these youth may prevent further involvement with the juvenile justice system and help to stop their progression into the adult criminal justice system. (Fredrick Butcher, 2016). Youth Opportunity has gained invaluable insight in our experience with juvenile males and females and believes there are eight (8) indicators that guide effective, age-specific care to the unique needs of boys. We have designed a **daily program schedule**, which endorses structure and activities within a trauma-informed environment.

### **1. TREATMENT TARGETS!**

As part of our *Positive Youth Development best practice*, we will provide opportunities for **skill building** that includes opportunities to learn physical, intellectual, psychological, emotional, social skills; cultural literacy, media literacy, communication skills, and good habits of mind; exposure to intentional learning experiences; preparation for adult employment and, opportunities to develop social and cultural capital. Youth Opportunity has designed an effective course of treatment to address individualized substance abuse treatment needs, co-occurring disorders, depression, post-traumatic stress disorder and trauma relating to physical or sexual abuse, neglect, emotional abuse or domestic violence. The age-specific group curriculum, **Talks My Father Had Never Had With Me**, will address a myriad of issues specific to boys. Gender identity issues will be addressed during individual sessions with the therapist. **Living in Balance, Cannabis Youth Treatment, Seeking Safety, Skill streaming the Adolescent, Mindfulness for Addiction and Stop the Chaos** address substance abuse. Treatment will take into account the functional relationship between substance abuse and traumatic stress by focusing on the signs and symptoms of each and the correlation of the two.

### **2. RELATIONSHIPS GROW!**

As part of our *Positive Youth Development best practice*, we will encourage **supportive relationships** that will, in turn, strengthen the youth's warmth, closeness, connectedness, communication, caring, support, guidance, secure attachment and responsiveness. We are committed to helping the youth build relationships with his family, peers, friends and staff. Families are contacted at admission and encouraged to become engaged in the youth's treatment planning, treatment team meetings, performance planning, family sessions, family fun days, special events, visitation and transition planning. At admission, youth are assigned a peer mentor to help establish relationships in the programs with peers and staff. Quarterly, the CSI Rockdale hosts a themed **Family Fun Day** to engage families, staff and youth. During this time, we raffle off **gas cards, restaurant cards and provide awesome food!** Further, families are encouraged to attend, special events, graduations and other occasions that focus on boy's relationships and progress.



### 3. COMMUNICATION ENRICHES!

**Using Evidence-based Communication Approach:** CSI Rockdale relies heavily on the evidence-based, responsivity approach of **Motivational Interviewing (MI)** to engage and encourage youth motivation. It takes into consideration factors such as age, intelligence, learning style and other characteristics and helps to resolve internal tension through communication. As a result, youth become more assertive and self-controlled by using cognitive skills to think through things rather than relying on external and reacting impulsively. This can directly impact the likelihood of recidivating back to negative behaviors.

**Encouraging Youth Input:** Prior to successful completion of treatment, youth will have opportunity to join the **Student Council** to act as the liaison between our youth and all staff at CSI Rockdale. This group will meet with staff to address rules governing community living, program design, implementation and evaluation. Topic examples discussed in Student Council are behavior management, privilege activities, leisure activities, program schedule, food service and any other issues that the boys deem necessary to address. In addition to bi-weekly Student Council meetings, the group will meet with program management **monthly** during management meetings to discuss progress.

**Opportunities that Promote Effective Communication and Listening Techniques:** Treatment team will provide an opportunity for the youth to communicate with representatives from all program areas to discuss their progress and any struggles they may have endured in treatment. **Treatment team** members will also provide feedback on the youths' progress, which allows an opportunity for youth to practice effective listening techniques. Our boys are encouraged to speak freely during **weekly conflict resolution group**, a community forum for all youth and staff to address any maladaptive behaviors that may have an adverse or positive impact on the program. Trust will be a focal point so youth feel safe to share feelings and discuss their issues without worrying about a breach of confidentiality. Staff supervision and management oversight will control for verbal harassment, harassment secondary to gender identity issues, bullying teasing, violence, racism, sexism and sexual abuse. Every youth will be protected from harm by self, peers and staff. **Student Council** members may present their concerns to management, as well as addressing positive activities in the community. The **Men of Distinction program** will provide the opportunity for prominent guest speakers within the community to work with the boys on public speaking, which will enhance the boys' ability to strengthen effective communication.

**Reasonable Opportunities for Visitation, Correspondence, and Telephone Access:** CSI Rockdale recognizes that visitation and communication are important components of the youth's stay and welcome feedback from youth, family and visitors. We offer multiple visitation opportunities and will arrange for visitation throughout the week for parents/guardians who cannot make the scheduled visitation times. Despite the different opportunities to visit, parents who still cannot attend due to distance or financial limitations, we will offer scheduled **virtual visitation** by utilizing **"Zoom"** to meet the needs.

The designated indoor visitation area will feature **comfortable furniture, tables and chairs, lighting, games and music** and the **outdoor picnic area** will be available for those desiring open air. The Client and Parent Handbook will provide information regarding visitation, mail and phone calls and **visitation comment cards** will be available at all times to seek feedback on the quality



of the visitation environment and experience. The program will require identification of authorized visitors, including youth's parents or legal guardian, attorney of record, JPO, clergy and all others who have a vested interest in the youth's treatment. Youth counselors will follow protocol for telephone access and ensure that each youth is provided a weekly call to communicate with his family members. He will additionally be provided opportunities to communicate via telephone during meetings and counseling sessions. Finally, he will be provided unimpeded access for abuse allegations and contact with his attorney.

#### **4. ENVIRONMENT DEVELOPS!**

As part of our *Positive Youth Development best practice*, we will provide **appropriate structure** that includes clear and consistent rules and expectations; firm enough control; continuity and predictability; clear boundaries; and age-appropriate monitoring. Research has found that children thrive in stable and nurturing environments where there is routine and everyone understands what to expect (Sandstrom & Huerta, 2013). The CSI Rockdale models research by providing program normalcy, consistent program schedules, mentoring, positive staff role modeling, positive interactions between staff and youth, in addition to a gender-specific behavior management system that is transparent in providing clear expectations for success. The **Morale Committee** is facilitated by youth counselors and serves as a place where staff can make recommendations on all program-related issues that are presented to administration. These are integral contributors that help develop relationships of trust and interdependence, promote cultural diversity and promote positive self-identify, self-esteem, self-respect and respect for others.

***Opportunities to Develop Relationships of Trust and Interdependence:*** Our boys will learn to develop relationships of trust and interdependence with each other and staff through team building activities. The CSI Rockdale community will be built on the premise that each person is different, yet, is a part of a whole community working together to bring about harmony, acceptance and peace. We will set community goals that build empathy and genuineness while avoiding pitfalls that erode interdependence such as the belief that: someone can change someone else; leaders hold all the answers; staff must solve all the problems without input from others; or youth or staff can blame their peers for issues.

***Promotion of Cultural Diversity and Identification:*** Youth Opportunity believes in providing culturally responsive education to teach the importance of respecting the multitudes of cultures they will encounter while in residential and post-residential. As part of our *Positive Youth Development best practice*, we will provide **opportunities to belong**. This includes providing opportunities for meaningful inclusion, regardless of one's gender, ethnicity, sexual orientation or disabilities; social inclusion, social engagement and integration; opportunities for socio-cultural identity formation; support for cultural and bicultural competence. While most youth are comfortable interacting with people and ideas they are familiar with, it is understandable there will be fear or apprehension when faced with unfamiliar areas. One of the many goals that CSI Rockdale offers is culturally responsive education that teaches appreciation and respecting of cultural viewpoint differences, rather than judging and fearing those who do not think alike. This will be embedded through:

- **Physical Environment** – As part of our *Positive Youth Development best practice*, there will be **positive social norms** that consist of rules of behavior, expectations, injunctions,





ways of doing things, value and morals and obligations for service. Further, the living environment will have a display of pictures, posters and other materials that reflect the cultures and ethnic backgrounds of the youth and families we serve. This provides visuals of people who look and share customs that are very different and provides opportunity for the boys to interact with in the program;

- Family Engagement and Collaboration – All staff, including therapists, will be mindful that English may not be the primary language for some boys and parents. We will seek to employ staff who are bilingual or multilingual for assisting in assessments, treatment sessions, meetings and other events for families needing this level of assistance;
- Training –Pre-service and In-service training will include cultural diversity and cultural competency training that addresses values and attitudes and drives the cultural diversity program. Staff are expected to avoid imposing values that may be inconsistent with those cultures or ethnic groups other than their own and intervene appropriately when a staff or parent is engaging in behaviors that are culturally insensitive; and,

***Promotion of Positive Identify, Self-esteem, Self-respect and Respect for Others:*** Positive self-identify development will be encouraged by self-examining individual strengths to set goals. This will assist the boys in forming healthy self-awareness including high self-esteem and self-efficacy. CSI Rockdale staff will praise the youth for successes and minimize unfavorable criticism. This will empower the boys to set goals, develop group and leadership skills, while learning more assertive ways to express opinions, choices and options. They will learn to problem solve, resolve conflicts with others, and to develop positive relationships with other youth and adults. The youth will learn new ways to express themselves through art, music, and writing and will be coached to exhibit their work. Daily group discussions and community meetings will help boys realize they have a voice and teach them how to take responsibility for their behaviors. The program will incorporate reinforces that will enhance the youth's self-esteem through verbal acknowledgements, written accolades and display of positive work. House meetings, Student Council membership and mentor status opportunities will further strengthen positive self-identify and healthy self-esteem.

## **5. EDUCATION INSPIRES!**

The CSI Rockdale youth receive education opportunities that are focused toward gender-specific needs such as monthly health education on physical and sexual health, sexually transmitted diseases, contraception, exercise and personal healthcare, sick call, parenting education (if applicable). Therapists will address issues of sexual decision-making and how to communicate personal boundaries. Although it may be rare, our boys who are parents or expecting to be parents are provided parenting education by therapists or nurses. Additionally, and as needed, the youth counselor provides structured lessons on areas surrounding parental responsibilities such as financial needs, emotional needs, housing needs and needs of the baby.

## **6. MENTORS MOTIVATE!**

CSI Rockdale continuously seeks new volunteers, mentors and local members of the community to work with the boys on spiritual development, competency development and Restorative Justice



projects. Community volunteers may provide mentoring in daily living skills, potential career opportunities and modeling appropriate behavior.

***Opportunities to Create Positive Change and Benefit Relationships and Community:*** Youth Opportunity believes that when a youth becomes engaged in community activities, he also develops skills of becoming a good leader. Our goal is to produce autonomous leaders so they can independently make good personal choices once back in the home community.

***Use of Trained Volunteers, Mentors and Other Members of the Community:*** CSI Rockdale works with Monalisa Weber, founder of **Probation Station**, which is an organization that educates the community on how the criminal justice system works. Monalisa has developed a **Probation Station** curriculum to prevent young people from becoming a part of the criminal justice system and teaching youth how to effectively communicate. The program includes instructional and motivational speakers, creative writing and poetry, chess, book club, business and entrepreneurship activities.

In the event a youth has lost a loved one, we provide **grief services** and will seek out the youth's clergy of his faith if he desires. For spiritual development, the program welcomes community groups to provide mentoring and support to interested youth. Further, we will strengthen positive relationships between our boys and local Law Enforcement through a **"Friends in Blue" program**. This program will provide mentoring opportunity while educating the youth on the role of the legal system in a positive way, rather than viewing it in a punitive way.

## **7. OPINION COUNTS!**

As part of our ***Positive Youth Development best practice***, we will provide support for efficacy and mattering through youth-based, empowerment practices that support autonomy, being taken seriously and making a real difference in one's community. Research (Brennan, Barnett, and Lesmeister, 2007) finds that when youth realize their voices and opinions are being considered, they will feel that they are a true part of the community.

Youth will increasingly become more comfortable with sharing ideas and suggestions because they now see themselves as vital members of the community. The community then becomes a place where youth and adults share the common interest of making their shared space a better place. We encourage the inclusion of our boys in the program design and evaluation of services, mentioned earlier, which is accomplished through Student Council. Weekly Conflict Resolution groups reduce aggression between residents of the community through communicating healthy opinions and resolution.

## **8. STAFF ENCOURAGES!**

As part of our ***Positive Youth Development best practice***, we will ensure that staff have:

- Grounding in youth development principles;
- Genuine respect for youth and adult-youth relationships;
- The skills to empower young people to be involved in the decision-making process;
- Self-awareness and understanding of program goals, strategies and outcomes; and



- Conviction and belief that youth are capable and can contribute.

Further, we will provide staff who meet the competencies, training and education required to deliver gender-specific services. Training will teach the importance of providing **trauma-informed care** and recognizing the signs and symptoms of trauma the youth has suffered in the past. Staff of all levels will learn how actions, activities, language or voice tone may trigger a traumatic response and how to inadvertently avoid setting off inappropriate behavior responses.

Additionally, each staff receives the same training in **Motivational Interviewing** for fidelity purposes and implements it throughout the program. We are committed to:

- Focusing on the strengths of the youth rather than weaknesses;
- Utilizing empathy, rather than authority or power;
- Respecting the youth's autonomy and decisions;
- Providing treatment that is individualized and client centered;
- Refraining from using derogatory labels like "addict", "alcoholic", "criminal" or "thug";
- Developing a therapeutic partnership with the youth and his family;
- Recognizing that criminal behavior and substance abuse correlate; and,
- Encouraging new treatment goals to continually progress toward success.

## **F. BEHAVIOR MANAGEMENT SYSTEM, LIVING ENVIRONMENT AND APPROACH TO ALIGN WITH THE DEPARTMENT'S VISION**

### **BEHAVIOR MANAGEMENT SYSTEM**

Youth Opportunity currently maintains a Behavior Management System (BMS) at The Center for Success and Independence at Rockdale Academy that is a comprehensive system of techniques and strategies specific to youthful offender boys that our experience has shown to change behavior. We provide a teaching culture where staff are trained to model pro-social, respectful behavior toward the youth so they, in turn, can begin to model appropriate behavior. To shape our youth into more autonomous young men and women, we have developed our Behavior Management System that includes, but not limited to incentives, accountability, structure, community, treatment, support systems, cultural diversity and self-development. The following pages depict a holistic system that we believe will increase the youth's sustainability for positive behavior.

The BMS is outlined within the youth handbook and promotes dialogue and peaceful conflict resolution, minimizes the separation of boys from the general population. There will be consistent implementation and equitable treatment through oversight and training. Further, it will complement the performance and treatment planning process.

**REWARDS:** Throughout the youth's residential stay, positive and compliant behaviors are reinforced using a reward system, point system token economy, and motivation to change. The program will exceed the required 4:1 ratio of Positive Rewards to Negative Consequences, with a goal of 6:1 ratio. The boys receive verbal and/or written positive feedback per each activity daily; thus, providing continual positive reinforcement throughout the day. They are presented with an opportunity to earn points during each scheduled activity.



Points are documented by staff on a daily “Point Sheet”. The boys earn points or fail to earn points based on whether they met the behavioral expectations for a particular activity. Prior to a youth “failing to earn” points, the staff member providing direct supervision of the youth utilizes verbal intervention to redirect the undesirable behavior. If the youth continues to exhibit noncompliant behavior even after redirection, he will “fail to earn” and the staff documents accordingly on the point sheet. Points are accumulated daily and used to determine if the youth is allowed to participate in the privileged activity each evening.

**POINT STORE:** The youth have the opportunity to purchase items at the Point Store, based on the number of points available. Items include, but not limited to, special hygiene products, entertainment, snacks, phone cards, and other items specific to gender interests. An innovative approach implemented at CSI Rockdale is the **“Gotcha!” award and recognition**. All staff, volunteers and teachers will be trained to identify boys who are exhibiting desirable behaviors and will immediately issue a “Gotcha!” recognition for doing the right thing. A few examples of a “Gotcha!” recognition is: exhibiting empathy for others, being a “Star” student, helping a peer in crisis, demonstrating positive leadership and strengthening communication with others. The idea of the “Gotcha!” is for staff to identify prosocial behaviors and even small character improvements.

Each youth who receives a “Gotcha!” recognition will have his name placed in a fish bowl for each time he’s recognized. On a bi-weekly basis during Awards Assembly, the Facility Administrator (FA), in the presence of all the youth, draws six (6) names from the fish bowl and will have dinner with the FA. Those receiving twenty (20) or more recognitions during the two-week period will receive an additional smaller meal. Additionally, the following are positive reinforcers/incentives offered:

<ul style="list-style-type: none"><li>• Themed contests</li><li>• “Men of Distinction”</li><li>• Fun days</li><li>• Ice cream socials</li><li>• Proms</li><li>• Game night</li><li>• Boutique</li><li>• Man Cave</li><li>• Intramural sports</li></ul>	<ul style="list-style-type: none"><li>• Student Council</li><li>• Peer Leadership</li><li>• Student of the week</li><li>• “Off to a good start”</li><li>• Extra phone calls</li><li>• Super Mondays</li><li>• Phat Fridays</li><li>• Student of the Month</li><li>• Bag lunch with staff</li></ul>	<ul style="list-style-type: none"><li>• Gotcha! Certificates and meal</li><li>• Verbal praise</li><li>• Straight “A’s” Awards</li><li>• A &amp; B Honor Roll</li><li>• Transition Room</li><li>• Nightly Privilege Activities</li></ul>
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**PERFORMANCE PHASES:** To promote the development of compliant behavior and to monitor the conduct of the youth during their stay, CSI Rockdale utilizes a five (5) performance phase system. This provides a structured system of behavioral expectations and allows the youth to progress through each phase based on his achievement of desired performance outcomes. Throughout his stay, the Treatment Team consistently challenges cognitive distortions, irrational thinking and mistaken assumptions that led to his offenses.

The performance phases are designed to incrementally and systematically increase the level of performance and responsibility expected from each youth. Each level phase is outlined in terms of performance expectations, behavioral expectations, treatment goals, increased privileges, levels of





responsibility and the youth's motivation for change. The youth is not promoted to the next phase based on "time served." Rather, it is based on his commitment, motivation and progress in his treatment experience. Each phase is tailored to meet individualized needs and actual duration is dependent on performance. Each youth will be empowered to pursue support from staff, therapists and mentors. As the youth progresses through the levels, he will be expected to become a program leader. The five (5) performance phases are as follows:

**Phase 1 "Orientation"** – Orientation is the first phase of the program, lasting at least 10 days. In this phase, the youth is learning program rules and daily schedule and getting to know the staff. He will be completing assessments during this time.

**Phase 2 Junior Varsity (JV)** – JV is the second phase of the program, lasting at least 30 days. In the JV phase, the youth will reflect on what he did to get committed and will work with the Treatment Team to design his Performance Plan and Treatment Plan.

**Phase 3 "Varsity"** – Varsity is the third phase of the program, lasting at least 40 days. During this phase, the focus will be on addressing specific needs identified in the Individualized Treatment and Performance Plan. The youth will demonstrate to the treatment team that he is changing maladaptive behaviors that have driven his delinquency.

**Phase 4 "College" All-Star** – All-Star is the fourth phase of the program, lasting at least 40 days. All-Star demonstrates to the treatment team the youth's ability to remain consistent with the positive changes established in the previous last phase. He is expected to utilize his attained independence and leadership skills and refrain from major behavior problems. In this phase, he may apply to become a Student Council member.

**Phase 5 "Pro"** – This is the last phase of the program, lasting at least 60 days. The youth will focus on finalizing his discharge plans and goals before transitioning home. He will finalize his exit Portfolio; finalize his Mental Health/Substance Abuse Discharge Plan; and, be considered to become a **MENTOR** to peers during the last 30 days.

#### **STRATEGY FOR PROMOTING NORMALCY, MENTORING, POSITIVE ROLE MODELING AND POSITIVE STAFF-TO-YOUTH INTERACTIONS**

Program normalcy, mentoring, positive role modeling and positive staff-to-youth interactions are paramount to an effective behavior management system. Positive staff role modeling boosts the youth's motivation through modeling a clear set of values, encouraging him to make a commitment to his community, teaching him an acceptance of others, and strengthening his ability to overcome obstacles. The CSI Rockdale will incorporate fundamental components that mirror TJJD's vision of an effective Behavior Management System:

- **Based on Structure:** Clearly defined with written rules and procedures, understood to staff and youth and practiced consistently with daily effort and commitment.
- **Well Planned:** All activities are scheduled, staff knows exactly what to do every day on every shift, all schedules written and posted.
- **Promotes Respect:** Talking to youth and asking how they feel, listening to and validating youth responses, empathizing with youth, considering youth feelings, holding other staff members accountable for respectful behavior, showing concern for youth and other staff.



- **Looks Ahead (Proactive):** Promotes completion of all tasks, examines details, identifies and plans for future needs.
- **Provides Good Instructions:** Provides information to youth, ensures information is clear, consistent and specific, provides instruction instead of orders, explains in small steps.
- **Incorporates a High Level of Involvement:** Provides all youth opportunity and encouragement to participate in suitable activities, no exclusion of youth in participating in activities for reasons other than behavior or medical.
- **Engages the Youth:** Staff is encouraged to actively engage and interact with youth. Staff should not only observe or stay at desks, in chairs or in control room.
- **Addresses Good Social Skills:** Staff shall model good social skills with each other and youth, staff shall be polite, positive and respectful in interactions, and practicing of good social skills will assist in promoting respect.
- **Focuses on the Positives:** Recognizes and rewards positive behavior, praises small improvements in behavior, uses 4:1 praise ratio, improves observation skills.
- **Embraces Tolerance:** Flexible in thinking and attitudes, lenient with minor problems and nuisances, accepting of youth mannerisms and personalities, patient and allowing youth to make minor mistakes without consequences.
- **Concentrates on Modeling:** Youth develop new behaviors through modeling, observation and then imitation. Youth learn appropriate behaviors by receiving reinforcement as well as watching staff respond to the actions of others. Three factors influencing youth response to modeling: 1) The characteristics of the model, 2) The characteristics of the observer, 3) Positive or negative consequences associated with the behavior.
- **Provides Training:** Regular training provided on the Behavior Motivation System. Everyone involved is expected to understand all components of the Behavior Motivation System (youth, staff, program and corporate leadership).
- **Contains Predictable Consequences:** System contains reinforcers to strengthen behavior as well as negative consequences that are targeted to weaken the behavior. System will provide predictable consequences that teach and model alternatives for acceptable behavior.

## **PROTECTING YOUTH FROM DEEPER PENETRATION INTO THE SYSTEM**

Youth Opportunities stands behind TJJD's belief that deeper penetration results in higher recidivism. By meeting the needs of the youth and providing the right treatment and intensity during residential treatment, we believe this positively impacts the risk to re-offend. We have designed several components we believe are crucial in delivering an effective behavior management system and protecting the youth from deeper system penetration:

**1. PROVIDING CLEAR ORIENTATION TO THE PROGRAM:** The CSI Rockdale Case Manager will provide an orientation to the newly admitted youth on the behavior management system to include services available, daily program schedule, youth expectations and responsibilities and a review



of the program's handbook. The youth will be expected to learn the program rules and expectations as a part of the orientation process. To help alleviate stress and anxiety of being admitted to a residential program, each youth will have access to an assigned peer mentor as part of the mentoring program.

## **2. PROVIDING STAFF TRAINING ON COMPONENTS OF THE BEHAVIOR MANAGEMENT SYSTEM:**

To ensure clear understanding of the Behavior Management System tenets and consistent implementation, instruction will be provided to all staff during pre-service, On the Job (OJT) shadowing, along with annual in-service training. In addition to staff training, the JHW Inspire Academy School personnel will also receive training on the program's Behavior Management System.

- Training will teach how personal characteristics directly affect positive youth behavior and includes strengthening staff skills in providing verbal and nonverbal encouragement;
- Each staff will receive training on **trauma informed care** during pre-service and in-service training and its relation to the Behavior Management System. Staff will learn how actions, activities, language or voice tone may trigger a traumatic response and how to inadvertently avoid setting off inappropriate behavior responses;
- Each staff will receive training on **crisis prevention/intervention** during pre-service training and annual in-service training as it relates to trauma sensitivity and trauma reaction. Staff will be made aware of crisis prevention and intervention through:
  - "Personal Care Plan", completed by trained staff at admission, identifies potential evoking triggers and coping mechanisms and will be maintained in a staff book, and is accessible to all staff to reference when the youth becomes problematic;
  - Relationship building, which is crucial to helping the youth begin to trust others. Staff will establish rapport so the youth feels more comfortable in addressing distortions or triggers rather than responding inappropriately;
  - Communication will be strongly emphasized in training and daily practices between the boys and staff, as this gives them an opportunity to provide feedback to staff in regard to how the youth is thinking and feeling. Barriers to communication include: criticizing, name-calling, diagnosing, manipulating, ordering, threatening, reassuring, moralizing, excessive or inappropriate questioning, advising, diverting and logical argument;
  - Staff and Peer Support System will be initiated when one staff's verbal interventions are not being followed by the youth. In the event the staff feels the youth's assigned mentor ("big brother") would be more effective, the staff will make provisions for this intervention;
  - If the youth continues to exacerbate in level of responses that is not responding to interventions, the staff will make a referral to the therapist for a Crisis Assessment;
  - The program will follow an Alert System and Safety Plan that will immediately notify all staff of a youth in crisis. This will be accomplished through shift-to-shift briefings, alert binder, alert boards and log book documentation, which will be reviewed daily and signed by each staff. The program will ensure safety by completing a search of his room and all areas that he attends;



- Speak Up, which is a request form that will be accessible by all youth and allows her to request to speak directly with any level of staff to resolve an issue prior to it becoming a crisis; and,
- Provision for a laminated quick reference card to be attached to the staff's identification badge as a reminder of what to do and who to notify during a crisis or episode of emotional instability.

**3. MONITORING THE IMPLEMENTATION AND EFFECTIVENESS OF THE BEHAVIOR MANAGEMENT SYSTEM:** Youth Opportunities has designed effective daily, weekly and monthly processes to track implementation of the behavior management system, track outputs systematically, measure the system's effectiveness and determine when it is on track and when changes may be needed. To ensure consistent provision across the program community, shift supervisors monitor staff for adherence such as compliance to scheduled activities; use of verbal intervention to deescalate a situation before it exacerbates; delivery of positive recognition for youth behavior; and, observing how negative consequences are applied. On an annual basis, all staff will be evaluated on the effective use of the program's behavior management system.

Further, the Clinical Director or designee will conduct monthly fidelity checks on the program's behavior management system to validate staff's effective use; incentives are being provided as scheduled; postings are in place; consequences are being enforced when necessary; and, monitoring is being completed for consistency of delinquency interventions. The CSI Rockdale places priority on numerous, additional methods of monitoring adherence and effectiveness that validates our expectation for quality programming:

- Daily shift-to-shift briefings with staff to address observations and adherence;
- Pre-service and annual in-service behavior management system and Motivational Interviewing (MI) training for all staff conducted by a training coordinator;
- Daily direct observation by therapists of the boys' behavior to recommend changes;
- Additional training hours for management, as scheduled by the Facility Administrator, on the program's tracking system for behavior, including training on point sheets as well as monitoring staff adherence to the behavior management system;
- Training of educational staff on the program's behavior management system to ensure continuity in daily school activities;
- Weekly Conflict Resolution groups to resolve all acts of aggression between residents of the community and their struggles with following program rules;
- Daily management meetings to include behavior issues of youth;
- Handle with Care (HWC) team ensures that all program staff adhere to the goal of maintaining a restraint free environment. The team meets with the facility administrator/designee regarding findings of all HWC incidents, discusses validity and makes suggestions to avoid similar incidents in the future;
- On a monthly basis, program management will meet with random members of staff to address specific issues as it relates to behavior management to acquire their input;
- As part of positive reinforcement, the program will provide assemblies or meetings to present positive awards for youth's program and educational achievements;
- Surveys given to youth on a quarterly basis; and,





**4. PROVIDING A THERAPEUTIC ENVIRONMENT:** In accordance to the Department's mission, CSI Rockdale will continue to offer a safe and nurturing therapeutic environment that strengthens the youth and family. Through the use of the R-PACT and other assessments, out treatment team will:

- Identify criminogenic risk and protective factors;
- Create the right treatment and intensity through an individualized treatment and delinquency intervention plan based on evidence-based programming. This will also include the provision of life skills, education, vocation, recreation, wellness and other pertinent program components to successfully reduce the risk to reoffend and recidivate;
- Provide a behavior management system that promotes positive behavior and discourages criminal thinking, thus reducing the possibility of youth arrests and deeper penetration into the system; and,
- Establish an active community advisory board comprised of judicial, legislative and community stakeholders. This will create an opportunity for the boys to experience healthy interaction with law enforcement and aide them in their recovery process.

## **G. HEALTH, MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES**



### **HEALTH SERVICES**

YOI commits to TJJD to deliver quality and comprehensive gender-specific health services designed to provide accountability and rapid response to ensure that the specialized health needs of adolescent boys and girls are met in accordance with state standards. Best practices include:

- The Health Services Administrator-RN (Clinical Manager-RN) attends daily (Monday-Friday) management meetings to address any current or rising health concerns of youth;
- The program will establish a quarterly **Interdisciplinary Risk Reduction/Quality Improvement Process** to communicate/collaborate on methods of reducing or eliminating programmatic, operational or practice risk factors that will include areas associated with health services, including those that have been demonstrated to result from lack of communication and coordination; and,
- Meetings will be held to address an adverse or sentinel event potentially occurring.

The on-site medical and nursing capability will include the capacity to provide gender specific services for:

1. Primary medical care, including screening, evaluation and comprehensive physical assessments, treatment and monitoring of acute and chronic health issues;
2. Psychiatric services for pre-existing and newly diagnosed disorders, including pharmaceutical services with regularly scheduled medication administration;
3. Daily sick call for assessment, treatment of common problems and triage for further evaluation and treatment;
4. Preventive healthcare (immunizations, health education, accident prevention, dental screening); and,



5. All-inclusive process for monitoring on-going health conditions, sick call follow-up, community medical and dental consultations, emergency department visits and other hospitalizations (episodic care). This provides for on-site assessment and management of all health, preventive and wellness conditions, including acute and chronic health conditions for the boys.

**A. DELIVERY OF SERVICES** – Healthcare services will be in a “medical clinic” fashion with daily medication administration and observation, regularly scheduled sick call care, episodic care and urgent care assessments. All services are provided by experienced, credentialed and licensed personnel, in accordance with state standards.

Heath Sevices Authoirty	Health Services Cordinator	Program Nurse	Psychiatrist
• Contracted Physician	• Registered Nurse	• LVN	• Contracted Physician

**B. FACILITY OPERATING PROCEDURES** – The HSA shall assist in the development of the Facility Operating Procedures (FOPs) for medical and dental episodic (non-emergent illness and injuries) and emergency care, including annual review/revision of episodic and emergency protocols, policies and procedures, and when changes to policy occur. The Facility Administrator (FA), as well as all medical staff, shall also review the FOPs annually or as changes occur. As needed, new procedures will be developed or existing procedures revised to meet the needs of the campus and youth.

**C. MEDICAL EMERGENCIES** – The program shall maintain policies and procedures in place that staff will follow in the event of an emergency. All staff will be trained and certified in CPR/First-Aid, episodic care, infection control, universal precautions and blood borne pathogens, emergency evacuation procedures, and the medical alert process. Further, all staff or volunteers who will have contact with the youth are trained on the procedure to call 9-1-1 in a medical emergency where it is believed the youth needs urgent medical care. **No staff would be faulted for acting too quickly or accessing EMS for a situation that was ultimately less critical than it appeared. Delays in calling 911, for whatever the reason, are unacceptable and unnecessarily place valuable lives in jeopardy.**

**D. ON-CALL SERVICES** – The HSA will be on call 24 hours/7 days a week for acute medical concerns, emergency care, coordination of offsite services, and other responsibilities.

**E. SCREENING AND EVALUATION** – Upon admission, the program nurse will complete the Facility Entry Screening form. The nurse will then evaluate the youth for chronic conditions, tuberculosis status, assess the immunization status, screen for sexually transmitted diseases, implement routine physician standing orders, screen for dental needs, and complete any necessary referrals.



**F. SICK CALL CARE** – The HSA will have approved treatment protocols for on-site licensed nursing staff to utilize when administering care in response to commonly encountered complaints. Written nursing protocols for the management of specific uncomplicated and routine problems, approved by the HSA, are closely followed and within the scope of practice, level of expertise and training of the nurse(s) conducting sick call. Protocols include, but are not limited, to complaint-associated signs and symptoms, criteria for treatment type and treatment to be rendered. When treating a youth, nursing staff shall ensure that a youth's signs and symptoms follow what is outlined in the FOP and protocols.



- \* Sick call is provided by healthcare staff at 10:00 am and 2:00 pm, 7 days a week.
- \* Nurses review sick call requests within 2 hours to determine urgencies.

Sick call forms are available to youth 24 hours a day and captures pertinent information such as date, time, symptoms, intervention, education and instructions, follow-up, notifications and alert status. The youth is escorted to sick call by staff in a timely manner to meet with the nurse. During non-nursing hours, program supervisory staff/designee will review sick call requests within two (2) hours and the healthcare provider on-call is contacted as needed. The completed sick call is filed with the progress note in chronological order within the individual health care record. Three sick calls in a two (2) week period will trigger an evaluation by the doctor.

The **Sick Call log and Sick Call Index** will track sick call requests and treatment. More urgent needs will be assessed by staff and referred to the medical clinic if the youth demonstrates or exhibits acute symptoms. If the complaint presents need for evaluation beyond the scope of on-sight personnel, staff will notify the on-call medical designee. If the symptoms appear life threatening, staff will be required to call 9-1-1, then notify the healthcare provider on call. Referral agreements, Sick Call Log, Medical Alert Communication Log and Chronic Condition Log will serve as **monthly tracking mechanism** for boys with chronic conditions requiring periodic evaluations, statistical reporting and trend analysis.

**G. TREATMENT AND MONITORING OF ACUTE AND CHRONIC CONDITIONS** – Following assessment of medical needs that require on-going evaluation for acute or chronic care, the youth's health care will be monitored by nursing to trigger an evaluation by the HSA/designee and any follow-up needs. On a quarterly basis, any youth diagnosed with an acute or chronic health condition will be reviewed by the HSA and given education pertaining to the course of care such as medications, instructions, procedures, treatment benefits, side effects, potential reactions and risks. Potential side effects will be communicated to staff through the alert system. The program will provide staff training on effective monitoring youth with acute and chronic conditions, which takes place during the 40 hours of staff orientation, ongoing professional development and on-the-job training. A shift binder travels with the youth's assigned staff on each shift that includes information on his medical alerts.

**H. TRANSITIONAL HEALTHCARE PLANNING** – The program begins transitional healthcare planning 60 days prior to the youth's anticipated release to the community. Nursing, case management and TJJD Contract Specialist work collaboratively to ensure that all medical information requiring parental follow-up is clearly communicated to the parent/guardian prior to



the youth's discharge. A summary of health-related needs is included in the program's exit conference for the youth.

All efforts to make necessary appointment will be documented in the Individual Health Care Record (IHCR) and the program will send the Parental Notification of Health-Related Care form to the parent/guardian with information relating to the appointment. Fourteen (14) days prior to discharge, nursing staff shall again review the need for any upcoming appointments and notify the parent or guardian. All parties affiliated with the youth (i.e. TJJD Contract Specialist, case management, conditional release provider, parent/guardian) will be notified of any pending or unresolved health care issues that exist at the time of the youth's release to the community.

**I. PHARMACEUTICAL SERVICES- MEDICATION MANAGEMENT AND ADMINISTRATION** – On an annual basis, the HSA, in conjunction with the facility administrator and nursing staff, will review the program's Facility Operating Procedures selection and purchasing, storage, distribution, use and safety of medication and related activities. Prescription medication will be filled immediately or as soon as possible, ordered from the pharmaceutical vendor no more than 12 hours after the order was written, and picked up or delivered within 24 hours. For psychotropic medications, prescriptions will be ordered within 12 hours of receiving parental consent or court order. If the contracted pharmacy cannot provide medication in a timely manner, a local pharmacy will be used. **All ordered medications will be approved by the Psychiatrist**, primarily through the approved formulary for the facility, as well as through approval of the nursing protocols.

**J. BIO-HAZARDOUS MATERIALS** – CSI Rockdale will train all staff in the proper methods of handling, storage and disposal of hazardous waste. All sharps, needles and syringes will be placed in bio-hazard sharp containers, and containers and contaminated waste will be disposed of in accordance with OSHA federal regulations and State policy.

**K. MEDICAL SUPPLIES AND TRAINING** – CSI Rockdale will ensure that all medical supplies and equipment necessary for health services are in place and ordered. Medical equipment classified as sharps will be securely stored and inventoried by using a routine perpetual inventory descending count as each is used and disposed. Notification will be made to the HSA and facility administrator when discrepancies are found in the perpetual count. All medicines will meet storage requirements TAC requirement.

**TRAINING:** Staff will be trained and certified in CPR/First Aid with AED, episodic care, principles of basic and safe medication administration, Infection Control, suicide prevention/intervention to include the use of knife-for-life, universal precautions and blood borne pathogens to meet Federal Rule CFR 1910.1030 (OSHA standard), emergency evacuation procedures, Protective Action Response, and the medical alert process in accordance with the state standards. The Program Nurses will be trained and shall conduct the Facility Entry Physical Health Screening upon admission and re-entry.

Further, any staff member who observes adolescents taking their scheduled medication will receive training for medication observation and client self-administration from a licensed health care professional. This includes safety and security issues, monitoring the five rights of medication





administration, monitoring and reporting of side effects, ensuring that all boys sign or initial the MAR. The HSA will provide staff training on health issues as they arise such as preventing flu transmissions and sports safety among others. Staff will also be trained in emergency evacuation procedures for boys with a medical alert.

## **MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES**

The Youth Opportunity organization has been providing services for decades to youth who have needs similar to those identified by TJJD. During the first quarter of 2017, we identified the top high-risk needs in our programs across multiple states. These include: 1) substance abuse, 2) mental health, 3) anger management and 4) conduct disorder, oppositional or defiant behavior needs. In reviewing profile characteristics, we have found that 62% of our youth profiles show substance abuse needs. Mental health needs were also reflected in 62% of profiles. Further, 76% have been identified as having anger management needs, just as conduct, oppositional or defiant behavior. In continuing to identify profiles across our programs, we found that 67% of our youth were characterized with borderline developmental disorder or disability disorder.

Substance Abuse Needs	Mental Health Needs	Anger Management Needs	Conduct, Oppositional or Defiance Needs	Borderline DD / Disability Disorder
<b>62%</b>	<b>62%</b>	<b>76%</b>	<b>76%</b>	<b>67%</b>

Research continues to show common factors associated with youth in the juvenile justice system. We have found these to be consistent with the youth populations we serve. A recent study on “The Relationship Between Substance Abuse and Teen Crime” (Carter, S., 2012) found that substance abuse often increases recidivism, produces antisocial behavior in youth and reflects a deeper involvement in the juvenile system. Further, the younger a child at the onset of substance abuse usually reflects greater probabilities for severe and chronic offending. Youth Opportunity’s experience working with males and females in the juvenile justice system has found the same conclusions. Mental health needs are often intertwined with substance abuse treatment needs and can surface through depression, withdrawal, apathy, suicide attempts, running away from home, in addition to conduct and oppositional behavior problems. Through research and our experience, we have designed effective, evidence-based programming for interruption of maladaptive behavior and application of cognitive strategies.

## **CLINICAL STAFF**

In the event there becomes an opening, we will expedite our intensive job search protocols. The following provides a list of staff directly involved in the wellbeing of each youth:

- Clinical Director/DMHCA is currently a **licensed psychologist** who provides the oversight to clinical programming and provides supervision to program therapists. The Director of Clinical Services provide the monthly fidelity checks on the implementation of evidence-based practices.



- Therapist/Licensed Mental Health Clinical Staff (“**Therapist**”) will work under the supervision of the Clinical Director and provide assessments, treatment planning and treatment services. The therapist will be appropriately trained to deliver evidence-based treatment and will develop a professional relationship with the family.

#### **ADDITIONAL SUPPORT STAFF**

- Case Manager will participate in the implementation of performance plans, maintain casework documentation and progress notes; serve as liaison between the Department and schools and provide structured activities.
- HSA-RN will be responsible for supervision and oversight of nurses and the program’s medical services. The Director of Nursing will ensure the all components of medication management, sick call and documentation are conducted in accordance with guidelines.
- Nurse will provide health services to all youth to include: sick call, regular medical assessments, appropriate referrals for dental needs, daily triage of injuries and illnesses, record review, health screening and health education.
- Contracted Medical Consultant will provide health services required of the physician and not the nurse, and will be available by telephone for medical and mental health emergencies and consultations 24 hours a day.
- Contracted Psychiatrist (may be the medical consultant) will provide on-site services to include face-to-face contact with the youth within two (2) weeks of admission; provide psychiatric reviews at least monthly (if needed for medication management); and be available for consultation.

#### **CLINICAL PROGRAMMING**

We are prepared to *continue* delivering a strong system at the CSI Rockdale for effective clinical programming, which begins with strong clinical, psychiatric, health and educational assessments that will drive mental health and substance abuse services. Each youth is assigned a team of professionals including the therapist, youth counselors, nursing staff, and case manager. Our successful history is a result of maintaining an environment that is trauma-informed and caring. The youth’s achievement is a result of careful assessment and treatment planning in the first 30 days of admission, his performance toward reducing risk factors and increasing protective factors for sustainability once back in the community; and, transitioning preparation his last 60 days of the program.

**COURSE OF TREATMENT:** The evidence-based course of treatment utilized at the CSI Rockdale is ***Cognitive Behavioral Therapy (CBT)***. Problematic behavior is the result of dysfunctional beliefs, thoughts and patterns and CBT provides intervention styles to develop cognitive restructuring skills for strengthening healthier pro-social behaviors.

**APPROACH:** The evidence-based strategy that will be used to engage and encourage motivation for change in hostile and resistant youth is ***Motivational Interviewing (MI)***. Motivational Interviewing skills will be used by all levels of personnel, in addition to being used by the Treatment Team to motivate behavior change rather than persuade or coerce change. Motivational Interviewing is actively used daily to help resolve ambivalence, which is common to juvenile



justice youth. Our goal is to continually motivate the youth to learn new, acceptable behavior that will decrease reversion to negative, unacceptable behavior.

**TRAUMA PSYCHOSOCIAL MODEL:** The evidence-based, psychosocial treatment model designed to treat post-traumatic stress and related emotional and behavioral problems that will be used is *Trauma Focused Cognitive Behavioral Therapy (TF-CBT)*. The intervention technique is typically provided during individual therapy and family therapy to deal with trauma issues. Listed as part of the curricula delivery plan below, CSI Rockdale will additionally include the *Men's Trauma and Empowerment Model* for group work.

**TREATMENT AND DELINQUENCY INTERVENTIONS:** Youth Opportunity will provide cognitive/behavioral delinquency and treatment interventions and deliver them in a culturally competent manner. Youth will engage in activities through demonstrations, role-plays, modeling of pro-social behaviors and dialog. The clinical treatment and delinquency interventions menu we have designed for the CSI Rockdale is based on review of empirical results of effectiveness and will follow model recommendations for frequency and duration.

- *Living in Balance* is recognized by SAMHSA's National Registry of Evidence-Based Programs and Practices and provides a conceptual framework from a bio-psychosocial model of addiction. It addresses emotional components and substance abusing situations, in addition to supplemental sessions for self-help, twelve step programs, physical issues, social and family issues, and several other topics relating to alcohol and/or drug abuse. This group is facilitated by the licensed or non-licensed therapist.
- *Cannabis Youth Treatment* is an evidence-based practice for adolescent that provides sessions of motivational enhancement therapy to reduce ambivalence and address drug use, in addition to cognitive behavioral therapy to cravings, address relapse, problem-solving needs, anger, communication and self-management. This group is facilitated by the licensed or non-licensed therapist.
- *Seeking Safety* is an evidence-based model to teach youth to look at addiction and trauma at the same time as a cause and effect relationship. Cognitive approaches will help the youth understand how trauma can be the underlying factor of addiction or how addiction can ultimately result in trauma. This group is facilitated by the licensed or non-licensed therapist.
- *The Mindfulness Workbook for Addiction: A Guide to Coping With the Grief, Stress and Anger That Trigger Addictive Behaviors* is an effective program that uses cognitive behavior therapy (CBT), dialectical behavior therapy (DBT), and acceptance and commitment therapy (ACT) in working through addiction and grief. This group is facilitated by the licensed or non-licensed therapist.
- *Stop the Chaos: How to Get Control of Your Life By Beating Alcohol and Drugs* addresses the signs of addiction and how to stop the chaos that substance use has caused. The youth learns ways to live drug-free by changing the way one thinks and adjusting the environment for self-sufficiency. This treatment group is facilitated by the licensed/non-licensed therapist.



- ***Men's Trauma Recovery and Empowerment (M-Trem)*** is recommended by SAMHSA as an age-specific, trauma-specific intervention that correlates trauma with addiction, psychological symptoms and relationship patterns. It draws on cognitive restructuring, psychoeducational, and skills-training techniques, while emphasizing the need for coping skills and social support. This treatment group is facilitated by the licensed/non-licensed therapist.
- ***Skillstreaming the Adolescent*** is a cognitive behavioral treatment for adolescents to teach more appropriate social skills that have been impaired from alcohol and drug use. Teaching techniques include role plays, positive reinforcement, modeling and performance feedback. This targets the need for prosocial skills of communication, boundaries, aggression, respect and empathy. This treatment group is facilitated by the licensed or non-licensed therapist.
- ***Talks My Father Never Had With Me: Helping the Young Male Make It To Adulthood*** is a gender-specific mentoring tool that addresses the challenges that adolescent males face and the role that substance abuse had in filling the gaps of skill and value deprivation. This covers anger management, behavior management, bullying prevention, Boys programs, grief, motivation and school, stress management and other topics relevant to males. This parenting group is facilitated by the trained youth counselor.
- ***Thinking for a Change*** is an evidence-based, cognitive behavioral change program for youthful offenders that targets cognitive restructuring, social skill development and problem-solving skills. This delinquency group is facilitated by the trained case manager and co-facilitated by the youth counselor.
- ***Impact of Crime*** is a promising restorative justice tool to teach youth how to develop critical thinking as it relates to victimization, how crime impacts the victim and family and resolution strategies. This restorative justice group is facilitated by the case manager.

## **PROCESSES FOR ADMISSION, ASSESSMENT AND TREATMENT PLANNING**

**POPULATION CHARACTERISTICS:** Youth Opportunity understands that youth being served under the Youthful Offender program typically have functional impairment associated with past trauma, developmental deficiencies, educational gaps, and substance abuse or substance dependence. We concur, as findings in our current population characteristics show substance abuse/dependence is also joined by mental health issues that include anger and defiant behavior.

**SCREENING AND ASSESSMENT:** Youth are often stressed and display anxiety when coming to a program. To help relieve this, our staff will provide sensitivity to the cultural background, ethnicity and potential gender issues. We will work to make the youth as comfortable as possible, documenting adjustment to the program following admission. Upon the youth's arrival to CSI Rockdale, the case manager notifies the youth's parent/guardian by telephone for an introduction, to inform of the youth's safe arrival and provide a brief overview of the program. Following the call, a parent handbook and a letter of welcome will be mailed within 48 hours of admission. Beginning on the day of admission, the therapist conducts clinical assessments to determine any immediate needs or threats, in addition to reviewing the youth's history to get an initial impression.





Additionally, the case manager and the nurse will review the youth's histories and complete any initial assessments to assess needs. The screening, review and assessment process will include:

- Review of history, such as the Positive Achievement Change Tool (PACT); social history; critical medical information; psychological assessment; school records; and Court Orders;
- Review of the referral for admission documentation;
- Completion of health screening;
- Completion of the Massachusetts Youth Screening Instrument (MAYSI-2);
- Screen for vulnerability to victimization and sexually aggressive behavior (VSAB);
- Assessment of Suicide via the Assessment of Suicide Risk;
- Assessment of depression via the Beck Depression Inventory;
- Substance Abuse Subtle Screening Inventory (SASSI);
- Symptom Checklist-90-R (SCL-90-R);
- Suicide Probability Scale; and,
- University of Rhode Island Change Assessment (URICA)

**INITIAL TREATMENT PLANNING:** After admission to the program, an Initial Treatment Plan will be developed. It will identify preliminary goals and objectives, in addition to the initial course of treatment until the comprehensive, Individualized Treatment Plan becomes effective. The Initial Treatment Plan includes the assessment of current functioning to include community living skills, living skills appropriate to age, emotion and psychological health and education level; health history; prescribed medication, over-the counter medication the youth frequently uses and/or any alcohol or drug use for the past six (6) months; prior history of mental health and/or alcohol and drug treatment episodes; and, eligibility for special education services.

**INITIATING PARENT INVOLVEMENT:** The program will identify the approved family of care and the therapist will begin collaborations with the parent/guardian by telephone. This will include an introduction, overview of the treatment program and invitation to program activities such as visitation, family activities and treatment team meetings.

**ASSESSING THE YOUTH:** Clinical assessments will thoroughly evaluate the youth's needs for intervention services and will make recommendations for treatment planning. **Psychiatric evaluations** will include a face-to-face evaluation by the contracted psychiatrist to determine if there is need for psychiatric consultation and access to physician services or daily supportive guidance toward stabilization. In the event the youth is in need of psychotropic medication, the psychiatrist will meet with the youth and document monthly reviews. **Health assessments** will include health history and the current health of the youth. **Education assessments** will ensure each youth has been thoroughly assessed and there is a plan to deliver appropriate educational opportunities by educational staff.

**DEVELOPMENT OF THE INDIVIDUALIZED TREATMENT PLAN:** CSI Rockdale's multidisciplinary team, which includes the youth, family, clinical director, therapist, educational staff, psychiatrist, health staff, transitional services manager, case manager and youth counselor, collaboratively develop the individualized Treatment Plan within the first 30 days of admission. The development of the Treatment Plan is based on previous records, screenings, interviews, assessments and any



pertinent discussions, referral concerns and observations. Treatment goals will be related to areas of drug or alcohol needs, co-occurring mental health needs, safety issues, family issues, and medical and educational issues that are applicable. Factors that may affect the design include, but are not limited to, the youth's stage of development or functioning level. When these types of factors become relevant, the objectives, responsibilities and targeted timeframes will be personalized to meet needs.

***We believe we can be most impactful if we deliver the right services,  
to the right youth, at the right time.***

The intensity of services will be based on behavior characteristics of the youth. Those with lower risk level will receive fewer services for shorter timeframes than youth who are identified as having higher risk levels and needing more intense services for a longer period. To meet the requirements of the Manual, the Treatment Plan will be maintained in the youth record and will include all relevant information and dated signatures.

**TREATMENT TEAM MEETINGS TO REVIEW THE TREATMENT PLAN:** At least every thirty (30) days or as the youth completes treatment goals and objectives, the Treatment Plan is reviewed. This will be documented with dated signatures of appropriate staff and includes an assessment of the youth's progress toward each treatment goal and/or objective. The purpose of the multidisciplinary team's monthly review is to ensure the services, goals and objectives are appropriate to the youth's current needs. Performance will be tracked to minimize his length of stay and maximize motivation to change. As needs change, the team will revise the Treatment Plan. Additionally, the team will consistently monitor the engagement of the family in the youth's program activities and will collaborate participate in the youth's progress notes.

#### **COUNSELING SERVICES**

**FAMILY THERAPY** will be provided one (1) time per month for one (1) hour each session (unless the Treatment Plan indicates otherwise) by a licensed therapist or psychologist. The therapist will make efforts to schedule family therapy to meet their needs. In the event family schedules require a change in the frequency or duration of therapy, the therapist will document in the case notes. The therapist will make effort to involve the family in therapy; however, if they are not participating, this will be documented in writing.

**GROUP THERAPY:** Group therapy will be provided at least four (4) days per week for one (1) hour each session by a licensed or unlicensed therapist. The group size will not exceed fifteen (15) youth and will be clinically focused groups that target substance abuse and co-occurring needs. The group purpose is to provide relief from distressing symptoms so the youth can learn new skills to modify behavior.

Additional groups:

- ▶ Impact of Crime group is conducted by the trained case manager.
- ▶ Thinking for a Change group is an intervention group facilitated by the trained case manager and co-facilitated by the trained youth counselor. These target social factors that influence alcohol and drug use and risky behavior.



**INDIVIDUAL THERAPY:** Individual therapy will be provided by a licensed therapist at least (2) times a month, with additional sessions and/or supportive sessions as needed by the individual youth. Sessions will address substance abuse, gender-identity issues, and targeted areas to increase protective factors and decrease risk factors. Additionally, trauma will be addressed during these sessions via the Trauma-Focused Cognitive Behavioral Therapy psychosocial style model.

### **PSYCHOPHARMACOLOGICAL THERAPY AND PSYCHIATRIC SERVICES**

Each youth will be provided a face-to-face contact with the contracted psychiatrist within two (2) weeks of admission. If the youth is prescribed psychotropic medication, psychiatric reviews will be provided at least monthly to monitor the youth's well-being.

### **CRISIS INTERVENTION SERVICES**

Our experience has shown that some youth lack the mechanisms to cope with situations they have experienced in life. We anticipate occasions when those experiences may be triggered through simple sound, sight or touch. Our trauma-informed culture is sensitive to the impact of potential triggers on youth responses and our staff are trained to use interventions to obviate negative situations without physical intervention and techniques to encourage the use of more effective coping mechanisms. If the crisis cannot be diverted at the youth counselor level, the therapist will be immediately begin a progression of therapeutic interventions of establishing trust, encouraging the youth to express emotions that are tied to the problem, empowering the youth to provide solutions, refocusing, and follow-up to monitor successful coping mechanisms.

Additional resources are the youth's designated spiritual clergy or a community mentor whom the youth trusts to assist in the crisis or on-going support. Pre-service training includes a myriad of topics that address, at a minimum, adolescent behavior, the effects of trauma, conflict resolution, mental health alerts and process for notification of potential crisis and the provision for trauma-informed care.

### **EMERGENCY MANAGEMENT SERVICES**

CSI Rockdale provides 24-hour response capability to assist with suicide intervention and maintains a suicide prevention plan that includes training, observation, identifying risks and inspecting the location for safety or security potentials. Further, staff participate simulated quarterly drills for suicide prevention.

## **H. EDUCATIONAL AND VOCATIONAL SERVICES**

Education services at CSI Rockdale are provided by the JHW Inspire Academy. The vision of the JHW Inspire Academy is to deliver individualized education and rehabilitative training to primarily At-Risk students. The education department provides an environment in which the students are encouraged to develop their intellectual, linguistic, social, emotional, civic and physical abilities. The ultimate goal is the transition and integration of these students into society, capable of full participation in the process of family, employment and community. In addition to the Texas mandatory course for credit, which this school shall offer, there is also common theme



of character development, personal and social responsibility, vocational discovery, personal economic and financial responsibility, civic and community involvement, technology literacy, and reading improvement. Individuals are encouraged to consider their personal interest in the development of self-discipline and goal-oriented activity.

Research (Susan Mallaney, 2014) results, using regression analysis, finds that academic achievement is associated with reduced delinquent behavior over time and higher school attainment. Youth Opportunity agrees with research in that stronger teacher-student interactions decrease the likelihood of delinquency and increases commitment to school goals, such as striving for better grades. Education achievement empowers self-esteem and provides a path whereby the youth can envision future success goals he can achieve once back in the community. We base the success of academic, career and technical services in our residential programs on core components of prioritizing the need for *effective communication, stable learning environments and education excellence*.

***Effective communication is critical.*** We maintain valuable relationships between Youth Opportunity and the JHW Inspire Academy the Broward County District and program educators by implementing effective communication practices:



- Informal meetings (daily if needed) with the Facility Administrator and school principal to address applicable topics such as youth behavior, schedule compliance, school operations, career activities, Title I learning environment, scheduling of awards ceremonies;
- Invitation to school leader(s) to attend daily management meetings for monitoring the school operations, school calendar or bell changes and ensuring services ensure meet individual educational needs and State requirements;
- School participation at monthly Treatment Team meetings;
- Impromptu meetings with educational staff to stay informed of youth progress in behavior as it relates to the behavior management system;
- Holding assembly activities to congratulate youth's academic progress;
- Encouraging educational staff to participate in program trainings; and,
- Impromptu morning meetings in the school area with program staff and educational staff in attendance to show the youth that we are one entity working closely together to help him succeed.

***Stable Learning Environment is essential.*** We believe in providing a structured school environment where youth are treated with respect and can learn without the interruption of maladaptive behavior of peers. The program's behavior management system is intertwined into the education system. Educator staff are trained on the facility BMS and how to apply it so program and school staff apply similar behavior management techniques and complement one another for better outcomes. Teachers are positive role models in inspiring students to make healthy choices about their education and to think about the outcomes of choices they make.







To control for interruptions, we assign youth care workers to each classroom to provide role-modeling behavior, supervision, safety and basic care, while also assisting the teacher in instructional support and classroom process. This joint task serves a major role in presenting as a team in the classroom environment that is truly focused on learning and allows the teacher more time for instruction. Further, this allows youth care workers to incorporate lessons taught in school in other daily activities throughout the day.

In the event a youth becomes disruptive, he is removed from the class by the youth counselor and encouraged to use healthy interventions to refocus his attention. Once he takes ownership for his behavior and displays motivation to learn, he is returned to school. During non-school hours, the program provides structured education opportunities of:

- Designated scheduled study times, where youth may work on homework assignments and seek tutoring support from youth counselors or peer mentors;
- Community meetings, where all boys and staff can discuss world topics that promote awareness and expand knowledge;
- Student Council meetings, where boys design programs or activities to strengthen the program community and present these to the Facility Administrator/designee;
- Monthly health education provided by the nurse that permits time for structured questions and answers.

## **I. TRANSITIONAL SERVICES/COMMUNITY COLLABORATION**

*“The backbone of success is...hard work, determination, good planning and perseverance.” - Mia Hamm*

Over the last decade, our country has made a dramatic paradigm and philosophical shift in our thinking about services for youth returning to their communities. In the past, most legislators and funders, along with constituents alike, were unsympathetic to the needs of those who had broken the law. Today, we recognize the investment of time and resources we make in supporting youth reintegration back to their communities are factors that help break the cycle of recidivism. Without thorough transition or reentry planning, we have done little to ensure that the time and resources invested when the offender was detained will translate into a more productive, fulfilling, and meaningful life for the returning youth offender, and a safer community for us all. Regardless of how we measure recidivism or how the rate changes, we want to get to a point where not even one is coming back to one of our facilities. As part of our **Positive Youth Development best practice**, we will target **integration of family, school and community efforts** that include concordance, coordination and synergy among family, school and community.

### **DISCHARGE AND TRANSITION PLAN TO ENSURE SUCCESSFUL REINTEGRATION BACK INTO THE COMMUNITY**

**TRANSITION PLANNING BEGINS AT ADMISSION:** Every young man at the CSI Rockdale will be provided individualized transition planning beginning at admission and continuing through post-residential once the youth is back in the community. Reintegration planning begins the day a boy



arrives at CSI Rockdale. The Residential Positive Achievement Tool (R-PACT) results guides the treatment plan development to assign specific interventions to reduce the youth's risk and alleviate his needs.

The treatment plan goals targeting criminogenic risk factors do not serve solely as milestones to be met for discharge, but also for sustaining once back in the community. These serve as building blocks for each domain of life that can be built upon for years to come. Transition planning must be exactly that – a plan that will include individualized action steps and a roadmap to keep the boy on track and motivated to excel. The youth's treatment team be the direct conduit for individualized discharge and transition planning and will ultimately connect the youth to community relationships and resources. The case manager will engage the youth and determine his needs within 30 days of admission that will provide self-sufficiency planning for sustainability.

- Education needs – connecting with the youth's school, researching available scholarships for college or vocational schools, assisting in filling out applications, identifying resources needed upon return;
- Mental health and substance abuse needs – collaborating with program therapist on the youth's relapse prevention plan, contacting providers in the community for post-commitment support, contacting AA/NA for meeting schedules;
- Health needs – connecting with the local health department, coordinating with outpatient medical services as follow-up to services provided while in the program;
- Community needs – organizations to provide mentoring, churches, healthy recreational programs, volunteer opportunities; and,
- Employment needs – clothing or equipment required for employment, birth certificates or social security card that may be needed to apply, assisting in filling out job applications and job searches.

**DISCHARGE/TRANSITION PLANNING:** The treatment team and youth begin to develop the Discharge/Transition Plan within 60 days of discharge. Every youth is re-assessed using the Residential Positive Achievement Change Tool (RPACT) to shed light on his progress and achievement. This re-assessment will provide comparison to the previous RPACT for risk factors toward re-reoffending, while also determining protective factors associated with his development. It is at this time that we critically identify the boy's post-residential situations to have a full understanding of his living arrangements, environment, education goals, community support and access to viable resources.

Planning takes into account the potential apprehension with the youth and family about his returning home, in addition to emotional, physical and educational issues. One stressor can lead to another and easily increase the dominance of risk factors. The treatment team consult with one another to determine if additional treatment work is needed to reduce risk and meet the holistic essentials of the family. The Discharge/Transition Plan will mirror a full range of protective factors that aid sustainability, while ensuring the level of care and intensity of medical, mental health or substance abuse services that are needed from the community are identified. Any youth needing medicine prescriptions will be arranged for and a discharge supply provided. The plan will address



the strategy to obtain a High School diploma in the public school system or GED, in addition to tutoring support or arrangements for a study location if needed.

**COLLABORATIVE EXPERIENCE AND PARTNERSHIPS WITH COMMUNITY STAKEHOLDERS:** Research has found that although residential treatment improves substance use outcomes, there remains concern for relapse once back in the home community. In New York, one study found the rates of relapse within the first year after discharge range from 37% to 56% (Science News, 2016) without community aftercare. Another study (Manuel, Yuan, Herman, Svikis, Nichols, Palmer and Deren; 2017, Journal of Substance Abuse Treatment, 74, 16-22) identify significant components for post-residential success that correlates with our experience findings, which are stable housing and employment, aftercare services, positive support networks and strong discharge planning services. As part of our plan for youth sustainability, we currently maintain close relationships to the community stakeholders that provide support to our program youth. We will seek similar relationships in the youth's home community:

## **J. TIMELINE/IMPLEMENTATION SCHEDULE**

### **PLAN TO ADDRESS TASKS ASSOCIATED WITH PROGRAM DEVELOPMENT & IMPLEMENTATION**

Youth Opportunity is accustomed to developing and modifying performance expectations that meet targeted timeline outcomes. Evidence of our strong management capability and commitment to alleviate the immediate needs of TJJD is demonstrated in our success in several of our Florida programs, by our diligent and successful efforts since August 1, 2016 through transitioning three (3) programs in less than a year (Kissimmee Youth Academy, Broward Youth Academy and Crestview Youth Academy). In further describing our ability to effectively carry out our plans over the last 2 years, we added 16 borderline development disability and development disability beds at Kissimmee Youth Academy three months into the contract; expanded 12 additional beds at the Broward Youth Academy and 16 additional beds at the Kissimmee Youth Academy within 11 months of being in Florida. At the same time, we took assignment of the Crestview Youth Academy 54-bed program.

We believe this speaks volume about our dynamic team, especially considering the fact that we are new to the state of Florida and as we just approached our two-year marker. The strong team who accomplished this will be involved in meeting timeline and addressing compliance and operational needs for the CSI Rockdale will be Jim Hill, President; Brian Neupaver, Senior Vice President; Tyrene Green, Vice President of Program Development; Melissa McBride, Vice President of Compliance, Fidelity and Implementation; Joseph Nixon, Florida Director; and, Dallas Scott, Director of Program Support. This team has the experience in meeting schedules and requirements that have resulted in the continuity of services, quality of programming and contract compliance, while maintaining the safety and security of our environments.



**ABILITY TO MAINTAIN A SCHEDULE FOR TIMELY PROGRAM OPERATIONS:** Youth Opportunity team leaders maintain a comprehensive timeline that is reviewed on a daily basis in person or through collaboration via telephone and is closely monitored by the Senior Vice President. Currently, the CSI Rockdale is staffed with trained and qualified staff that met TJJD's training requirements.

In the event there is need to hire staff for the new contract, we will implement our recruitment strategy to seek experienced and qualified personnel. We have the company strength to provide qualified trainers to meet training captured in the timeline plan without depriving the daily operations. All new staff will be provided training as identified in the previous training section, Staffing, which includes Prison Rape Elimination Act (PREA). Further, new and existing clinical staff (therapists) and designated staff will be provided training on any new curriculum prior to it being implemented at the program and within the timeframes depicted in the plan.

**C. MONTHLY ANALYSIS, REVIEW AND REPORTING OF PERFORMANCE AND QUALITY ASSURANCE REVIEWS:** Program and corporate leadership meetings shall include monthly quality assurance review processes which will incorporate review of facility data, surveys and findings of formal Monitoring and Verification activities. Meeting discussion includes progress to date, program strengths, improvement needs and corrective action. Recommendations will be made by the team and will provide follow-up review and technical assistance as applicable. Evaluation of program outcomes will be conducted through review of facility data, compilation and reporting on weekly and monthly statistics and formal reviews and evaluation of monitoring and verification activities within the program.





Youth Opportunity Investments (Youth Opportunity)  
Center For Success And Independence at Rockdale  
Academy

Addendum to Boys Youthful Offender Proposal 2018:

*Girls Gender and Age-Specific*

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## **GENDER AND AGE-SPECIFIC PROGRAMMING**

The boys' youthful offender program model can be seamlessly adjusted for applicability to young girl offenders. The girls' youthful offender model affords young ladies with the same programming opportunities designed for young male offenders however the clinical treatment is delivered with a gender specific focus. The youthful offender girls program is centered on providing treatment concepts that empower young ladies to develop life skills that addresses global issues impacting young ladies in their home communities. The gender specific model also addresses the individual needs as outlined in the assessment of the young lady's risk and protective factors.

The girls youthful offender program model is a comprehensive approach that deals with behavior in context, enabling each girl to focus on her individual needs, to understand how risk factors have shaped her development, and to address issues that arise in her relationships with others including family, peers, community, and society.

This comprehensive program model has a dual purpose of reducing numbers of female delinquents and serving those girls already involved in the juvenile justice system. The focus is to prevent problems before they occur, and to intervene early to change risky behaviors. This comprehensive program will provide girls with quality and effective treatment services to reinforce new skills and prevent recidivism. Within this service model:

- Primary scope aims to eliminate or minimize behavioral factors that increase girls' risk of delinquency. Primary intervention strategies focuses on helping girls to develop the knowledge, skills, and experiences that will promote health and resiliency.
- Early youthful intervention provides early detection and treatment to reduce problems caused by risky behaviors and prevent further development of problems. Examples of interventions for girls in this model include educational, family-based interventions, and identifying community resources to aid in her development once she is back in her home community.
- Gender and age specific treatment opportunities will address the progression of problems caused by risky behaviors. These services will be utilized to help girls develop perspective, interrupt high-risk behavior patterns, and learn skills to address the normal developmental tasks which their young life experiences have not allowed them to master.

Lastly, Gender and Age-specific programming goes beyond simply focusing on girls. It represents a concentrated effort to assist all girls in positive female development. It takes into account the developmental needs of girls at early adolescence, a critical stage for gender identity formation. It nurtures and reinforces "femaleness" as a positive identity with inherent strengths. This program model provides girls with decision-making and life skills that will assist their development into womanhood. Given the importance that girls place on relationships, gender-specific programming teaches positive relationship-building skills. This empowerment teaches girls to use their voice, to speak for themselves, and to recognize that they have choices.